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COUNTY BOROUGH



19-12-58

OF SOUTHPORT

ANNUAL REPORT

of the

Medical Officer of Health

and

Principal School Medical Officer

for the Year 1957

Health Department,
2 Church Street,
Southport.

66104



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SOUTHPORT
ROBT. JOHNSON & CO. LTD., TULKETH STREET

1958



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THE HEALTH COMMITTEE

The Worshipful the Mayor
(Councillor MRS. M. O. BAMBER, J.P.)

Chairman: Councillor L. F. SPENCE

Vice-Chairman: Alderman W. PAULDEN

Alderman SIR H. W. BARBER, J.P.

Alderman W. BERWICK

Alderman J. R. BILLINGTON

Alderman DR. H. COATES, J.P.

Alderman MRS. E. SMITH

Councillor H. E. BUCK

Councillor J. CAMPION

Councillor M. F. DRURY

Councillor G. W. KENDALL, J.P.

Councillor R. MOLYNEUX

Councillor MRS. F. M. TURNER

Councillor G. S. WILKINS

DR. P. Y. LYLE, M.C.

SUB-COMMITTEES AS AT 31st DECEMBER, 1957

Mental Health Services

Chairman	Councillor H. E. BUCK
Vice-Chairman	Councillor J. CAMPION
Alderman W. BERWICK	Councillor G. W. KENDALL, J.P.
Alderman DR. H. COATES, J.P.	Councillor R. MOLYNEUX
Alderman MRS. E. SMITH	Councillor MRS. F. M. TURNER
Dr. P. Y. LYLE, M.C.	

Joint Health and Education

The Worshipful the Mayor
(Councillor MRS. M. O. BAMBER, J.P.)

Chairman	Alderman W. BERWICK
Vice-Chairman	Councillor G. W. KENDALL, J.P.
Councillor MRS. F. M. TURNER	

Home Nursing Joint Sub-Committee

Chairman	Alderman W. BERWICK
Vice-Chairman	Alderman MRS. E. SMITH
Councillor MRS. F. M. TURNER	

National Assistance Act, 1948

(Section 47 Cases)

Chairman	Alderman W. BERWICK
Vice-Chairman	Alderman MRS. E. SMITH
Councillor MRS. F. M. TURNER	

Accounts

All Members of the Health Committee
(Except Councillor R. Molyneux)

STAFF OF THE HEALTH DEPARTMENT ON THE

31st DECEMBER, 1957

Medical Staff (Full-Time)—

Medical Officer of Health and Principal School Medical Officer	G. N. M. WISHART, M.R.C.S., L.R.C.P., D.P.H.
Deputy Medical Officer of Health and School Medical Officer	J. A. G. WATSON, M.B., B.S., D.P.H. (From 2/9/57).
Assistant Medical Officer of Health and School Medical Officer	ANNA I. DAVISON, M.B., CH.B.
Assistant Medical Officer of Health and School Medical Officer	Vacant

Medical Staff (Part-Time)—by arrangement with the Liverpool Regional Hosp. Brd.

Medical Officer for Tuberculosis Service	R. S. COOK, M.B., CH.B.
---	-------------------------

Visiting Medical Staff—

Ante-Natal and Post-Natal Clinic	N. E. LAURENCE, F.R.C.S.
Eye Clinic	D. RANKINE, M.B., CH.B.
Ear, Nose and Throat Clinic	R. V. TRACEY-FORSTER, M.B., CH.B., D.L.O.
Skin Clinic	H. BARDSLEY, M.R.C.S., L.R.C.P.

Dental Staff—

Principal Dental Officer	W. MARTLAND, L.D.S., R.C.S. (Eng.)
Dental Officer	W. L. ROTHWELL, L.D.S. (Liv.)
Dental Officer	P. L. HEATHCOTE, L.D.S. (Liv.)
Orthodontist (part-time)	H. POGREL, L.D.S.(LIV.), L.D.S.R.C.S.(ENG.), D.ORTHO.R.C.S. (ENG.)
Attendants	Mrs. M. E. BALL Mrs. M. PEARSON and Miss A. D. GRACE

Sanitary Staff—Chief Public Health Inspector, S. D. BURGE (a)(b)(h); Deputy Chief Public Health Inspector, G. E. HADLEY (a)(b); Meat and Food Inspector, W. FOSTER (a)(b); Food Hygiene Inspector, T. W. ROBERTSHAW (a)(b); Meat and Foods Sampling Officer, W. VICKERS (a)(b)(h); District Public Health Inspectors, J. BELL (a), G. CAYTON (a)(b), A. H. GELDER (a)(b); Infectious Diseases Enquiry Officer, W. R. LLOYD; Rodent Operator, J. S. AMERY; Mortuary Technician, J. GOULDER.

Health Visiting and School Nursing Staff—Superintendent Health Visitor and School Nurse, Miss E. DOWD (c)(d)(e); Health Visitors/School Nurses, Mrs. W. WATKINSON (c)(d)(e); Misses M. E. BRETT (c)(d)(e), J. HOLLIDAY (c)(f)(e), D. C. ASHTON (c)(f)(e), M. A. TURVEY (d)(e), A. COWPER (c)(d)(e), E. POTTS (c)(d)(e), A. MULLAN (c)(d)(e), F. GARNER (c)(d)(e), Mrs. F. M. HOWARD (c)(f)(e), Mrs. A. GREGORY (c)(f)(e), Misses E. J. MURRAY (c)(d)(e), A. BIGGS (c)(f)(e)(n), P. SCAMBLER (e)(f), A. CAPPER (c)(f)(e)(n) and G. SCHOLLES (c)(d)(e).

Physiotherapist—Mrs. K. BYARS (m).

Speech Therapist—(Vacant)

Midwifery Staff—Supervisor of Midwives and Inspector of Nursing Homes, Miss M. McALEAVY (d)(e);

DISTRICT MIDWIVES, Miss S. A. CRYER (d)(e), Mrs. K. B. HARRISON (d)(e);

PART-TIME MIDWIFE, Mrs. E. SHAWCROFT (d).

Mental Health Staff—Senior Mental Health Visitor and Duly Authorised Officer, K. BAIN (p)(j); Mental Health Visitors and Duly Authorised Officers, Miss A. L. BENNETT (p)(j) and K. W. HARWOOD (p)(e)(o); Teacher for Mentally Handicapped, Mrs. I. H. MACDONALD; Assistant Teachers for Mentally Handicapped, Mrs. M. A. TOWNLEY (q), H. G. TAYLOR-LOWE and Miss V. FLANAGAN.

Clerical Staff—Administrative Assistant, F. H. DIX, A.C.I.S., GRAD. A.C.C.A.; Chief Clerk, W. R. HOLGATE; Senior Clerks, Miss M. E. WELLS and Miss N. SOMECH; Clerks, D. C. EVANS, Misses B. MALTBY, B. PARKER, E. SUTCIFFE, P. FORBES, H. SMITH, R. SHEPHERD, P. M. MANSELL, K. RIMMER, P. M. WHITAKER and Mrs. P. ORMSBY.

Day Nurseries—

Southport Day Nursery Matron: MRS. A. WILLIAMS (e)

Bedford Park Day Nursery Matron: MISS A. K. BAXTER (e)(d)(l)

Notes re Qualifications:—

- (a) *Public Health Inspectors Certificate.
- (b) Meat and Food Certificate.
- (c) Health Visitors Certificate.
- (d) State Certified Midwife.
- (e) State Registered Nurse.
- (f) Part I Certificate—Central Midwives Board.
- (g) State Registered Fever Nurse.
- (h) Smoke Inspectors Certificate.
- (j) Royal Medico-Psychological Association's Certificate.
- (l) State Registered Children's Nurse.
- (m) Member of the Chartered Society of Physiotherapy.
- (n) Tuberculosis Association Certificate.
- (o) Queen's Nurse.
- (p) State Registered Mental Nurse.
- (q) State Enrolled Assistant Nurse.

*In accordance with the provisions of the Sanitary Inspectors (Change of Designation) Act, 1956.

Ambulance Service—

Chief Fire Officer and Ambulance Officer, J. PERKINS, Grad. I. FIRE E.

Public Analyst

G. H. WALKER, P.H.D., F.R.I.C.

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ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1957

TO THE MAYOR, ALDERMEN AND COUNCILLORS
OF THE COUNTY BOROUGH OF SOUTHPORT

YOUR WORSHIP, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report for the year 1957. According to the estimate of the Registrar General, the population of the town has fallen by some 300 during the year and is now 81,900.

The Census of 1951 gave the following figures of persons over the age of 65 years:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Southport	5,000	9,665	14,665
England and Wales (based on 1% sample)	1,957,000	2,831,400	4,788,400

In the twenty years 1931 to 1951 the average annual percentage increase of persons in this age group was 0.33 so that it is probable that more than 19% of the town's population, almost one fifth, are now of pensionable age. It is fortunate that for so many of us, the achievements of medicine have made possible, wonderfully good health as well as the capacity for the enjoyment of life, in our later years. The expectation of life is increasing and was recently calculated to be rather more than 73 years for women and 67 years for men so that it is easy to understand how this situation impinges with increasing pressure on the Geriatric, Home Nursing, Home Help and indeed on most of the Health and Welfare services, both statutory and voluntary which serve the needs of the elderly in the town. The Southport and District Hospital Management Committee have opened further accommodation for persons suffering from chronic illness in old age and it has been possible to increase the Home Help Service during the year. The medico-social needs of the elderly are difficult to meet in full and some expansion of the various services seems to be inevitable if the number of the population in the over 65 years age group continues to rise. I cannot complete my comments on this problem without reference to the tragic plight of the elderly confused person who becomes unable to look after herself and who has no relative able or willing to take on what is often a very heavy burden of care. In such cases, the closest co-operation is required between the Local Authority Health and Welfare Departments and the Hospital Authority. At present some elderly confused persons suffering from slow degeneration of brain tissue, who require hospital accommodation, have to be sent to hospitals in Liverpool. This is often a real hardship as they frequently cannot be visited by their elderly friends and relatives. The Liverpool Regional Hospital Board, however, encourage so far as is possible the provision of all types of hospital accommodation in each hospital district

and it is hoped that some progress may be possible in this respect in Southport. The Report of the Royal Commission on the Law in relation to Mental Illness and Mental Deficiency draws attention to the real need for accommodation for the less severe type of this kind of case in Welfare Homes for the Elderly because many such patients do not need skilled nursing care.

I am glad to be able to report a fall in the infantile mortality rate to 24.68 per 1,000 live births as compared with the figure of 27 last year. Our figure remains slightly higher than the average for the country but is this year, not unsatisfactory. Sixteen of the 24 babies who died were under one month of age, the cause of death in six being congenital malformation and in four, prematurity. It is particularly pleasing to be able to report that no mother died in childbirth.

The vaccination scheme for the prevention of poliomyelitis (infantile paralysis) has progressed but it is evident that the supply of vaccine at present available is less than the demand. The policy at the moment is to make this vaccination available for children in certain age groups and for adults e.g. nurses in fever wards, at special risk. Though the reported American results are satisfactory it remains to be seen what course the disease will take in this country in future. There was a definite focus of infection in the Southport area at the end of the year.

One of the most important duties of those interested in preventive medicine and the promotion of health is to be able to present, with the greatest care and the utmost exactness, facts which can be applied by mothers to protect their children against those ills of the flesh which can be avoided. The whole subject of vaccination and immunisation is increasing in importance now that preventive inoculation is available against so many diseases e.g. to name just a few, smallpox, diphtheria, whooping cough, tetanus, poliomyelitis, typhoid and paratyphoid fevers, yellow fever, plague and cholera: it seems possible too that recent discoveries in connection with measles may lead to the production of a vaccine capable of preventing this distressing malady. Health Education of this kind will call for greater efforts in the future, for which at the moment the department is not adequately staffed.

It is very disappointing to report that owing to restrictions on capital expenditure it has not been possible to make any progress in the scheme for the improvement of infant welfare and other facilities at Nos. 44 and 46 Houghton Street. It is hoped that this scheme will be approved by the Minister of Health when the economic position becomes easier.

Good progress has been made at the Occupation Centre for Mentally Handicapped persons at Woodvale and it is evident that this work will continue to develop and expand. The Centre will eventually have to move to more permanent quarters which it is hoped to plan during 1958. It is encouraging to find that people living in the Ainsdale/Woodvale area have taken a real interest in the work and together with the Southport branch of the National Association of Parents of Mentally Handicapped children, have helped in many ways.

There have been many changes in recent years in the incidence and type of infectious diseases in the town and though there has been rapid growth of medical knowledge recently in regard to infections due to ultramicroscopic viruses, the epidemic of 'Asian' influenza in the late summer and autumn quickly made us aware of the dislocation which can occur in any community, due to infectious disease. It was decided after careful consideration of all the factors to keep the schools open though at one time and in some schools the attendance was only about 20% of the total. The very large number of cases was due to the fact that most of the younger people had not previously come into contact with this particular type of virus. The epidemic put a great strain on the local health services particularly as nurses caught the infection from their patients and were often unable to carry on their work. I believe it important to record that many Health Service staff worked long hours of overtime during this epidemic with no thought of recompense or reward save that the need was there and had to be met.

In addition to routine matters, the Sanitary Section of the Department has been particularly engaged in work in connection with food hygiene and in the measures to be taken about houses considered to be "unfit for human habitation". The number of people who have now attended the elementary Courses in Food Hygiene arranged jointly by the St. John Ambulance Association and the Health Committee is approaching 1,000 and advanced courses have been quite well attended.

The School Health Service has functioned satisfactorily during the year.

The increased number of hospital beds in the Southport area which will shortly be augmented by the opening of the Hesketh Park Hospital has resulted in strain on the Ambulance service and it seems probable that consideration will have to be given in the near future to an increase in the establishment of both men and vehicles.

Dr. S. M. Young left the Department on his appointment as deputy Medical Officer of Health to Greenoch in August and was succeeded by Dr. J. A. G. Watson who commenced his duties in September.

Dr. Joan Knowles left the Department in October to enter general medical practice and Dr. Brenda Jones was appointed to the vacancy.

I would again like to express my appreciation of the work done during the year by all Departmental Staff and my thanks to the members of the Health and Education Committees as well as to my Medical Colleagues in the town for their support and consideration throughout the year.

I am,

Yours faithfully,

G. N. M. WISHART

*Medical Officer of Health and
Principal School Medical Officer.*

Part I

STATISTICAL MEMORANDA

AND

VITAL STATISTICS

General Statistics
Vital Statistics
Births and Stillbirths
Prematurity
Infant Mortality
Maternal Mortality
Deaths—Principal Causes, Age Groups, and Rates
Comparative Vital Statistics—England and Wales and Southport

GENERAL STATISTICS

Area of County Borough (including Foreshore)	...	...	...	...	18,333 acres
Area of County Borough (excluding Foreshore)	...	...	...	...	9,426 acres
Population (1951 Census)	...	...	...	...	84,039
Population (estimated by the Registrar General), middle of 1957	...	...	...	...	81,900
Density of Population per acre (excluding Foreshore)	...	...	...	...	8.7
Number of Inhabited Houses, 1st April, 1957	...	...	...	...	26,005
Number of Permanent Houses and Flats erected and completed during 1957	...	...	...	...	219
Rateable Value, 1st April, 1957	...	...	...	...	£1,470,370
Sum represented by a penny rate	...	...	...	...	£5,626
Average domestic consumption of water per head per day (year ending 31/3/57)	...	...	...	...	31.24 galls.
Total consumption of water per head per day (year ending 31/3/57)	...	...	...	...	41.02 galls.

VITAL STATISTICS

Live Births { Male Legitimate ... 473; Illegitimate ... 36 } { Female Legitimate ... 434; Illegitimate ... 29 }	...	...	...	...	972
Birth Rate (per 1,000 population)	...	...	...	...	11.87
Adjusted Birth Rate (per 1,000 population)	...	...	...	...	13.41
Stillbirths { Male Legitimate ... 10; Illegitimate ... 1 } { Female Legitimate ... 10; Illegitimate ... 1 }	...	...	...	...	22
Stillbirth Rate (per 1,000 total live and still births)	...	...	...	...	22.13
Total Deaths (Males, 636; Females, 708)	...	...	...	...	1,344
Death Rate (per 1,000 population)	...	...	...	...	16.41
Adjusted Death Rate (per 1,000 population)	...	...	...	...	11.98
Maternal Deaths	...	...	...	...	Nil
Maternal Mortality Rate (per 1,000 total births)	...	...	...	...	—
Number of Deaths of Infants (under 1 year of age)	...	...	...	...	24
(Legitimate, 22; Illegitimate, 2)	...	...	...	...
Infant Mortality Rate (per 1,000 live births)	...	...	...	...	24.68
(Legitimate, 24.26; Illegitimate, 30.77)	...	...	...	...
Deaths from Whooping Cough (all ages)	...	...	...	...	Nil
Deaths from Measles, all ages	...	...	...	...	Nil
Deaths from Diarrhoea, under 2 years of age	...	...	...	...	Nil
Deaths from Pulmonary Tuberculosis (Males, 9; Females, —)	...	...	...	...	9
Death Rate from Pulmonary Tuberculosis (per 1,000 population)	...	...	...	...	0.11
Deaths from Non-pulmonary Tuberculosis (Males, Nil; Females, 1)	...	...	...	...	1
Death Rate from Non-pulmonary Tuberculosis (per 1,000 population)	...	...	...	...	0.01
Deaths from Cancer (Males, 121; Females, 119)	...	...	...	...	240
Death Rate from Cancer (per 1,000 population)	...	...	...	...	2.93

Births—The number of live births allocated to the area after adjustment for inward and outward transfers was 972, an increase of 27 on the total for 1956.

Average number of births, 1947-1956	...	...	...	991
Births in 1957	...	...	...	972
Average crude birth rate, 1947-1956	...	...	...	11.90 per 1,000 population
Crude birth rate, 1957	...	...	...	11.87 per 1,000 population
Birth rate, England and Wales (1957)	...	...	...	16.10 per 1,000 population

Stillbirths—

Average number of stillbirths, 1947-1956	...	...	...	26
Stillbirths in 1957	...	...	...	22
Average stillbirth rate, 1947-1956	...	...	...	25.53 per 1,000 total births
Stillbirth rate 1957	...	...	...	22.13 per 1,000 total births
Stillbirth rate, England and Wales (1957)	...	...	...	22.40 per 1,000 total births

Illegitimate Births—Illegitimate births account for 6·7% of the total births, compared with the national figure for 1957 of 4·6%.

Average number of illegitimate births, 1947-1956	...	...	...	...	...	57
Illegitimate births during 1957...	...	...	...	...	...	65

Prematurity—(i.e., babies weighing 5½ lbs. or less at birth, irrespective of the period of gestation).

During 1957, 81 premature births (9 per cent. of the total births) were notified in Southport, as follows:—

	Live	Stillborn	Total
Born at home	3	—	3
Born in hospital	59	18	77
Born in nursing homes	1	—	1
	63	18	81

A summary of the place of treatment of these small babies and the results obtained is shown:—

WEIGHT AT BIRTH (1)	PREMATURE LIVE BIRTHS												PREMATURE STILLBIRTHS		
	Born in Hospital			Born at Home and Nursed entirely at Home			Born at Home and transferred to Hospital on or before 28th day			Born in Nursing Home and nursed entirely there			Born in Nursing Home and transferred to Hospital on or before 28th day		
	Total (2)	Died within 24 hours (3)	Survived 28 days (4)	Total (5)	Died within 24 hours (6)	Survived 28 days (7)	Total (8)	Died within 24 hours (9)	Survived 28 days (10)	Total (11)	Died within 24 hours (12)	Survived 28 days (13)	Total (14)	Died within 24 hours (15)	Survived 28 days (16)
3 lbs. 4 ozs. or less	5	2	2	—	—	—	—	—	—	—	—	—	—	—	—
Over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs.	12	1	11	—	—	—	—	—	—	—	—	—	—	—	—
Over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs.	13	—	12	1	—	1	—	—	—	—	—	—	—	1	—
Over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs.	29	1	28	2	—	2	—	—	—	1	—	—	—	2	—
TOTALS	59	4	53	3	—	3	—	—	—	1	—	—	—	18	—

Infant Mortality—During the year 24 infants died in the first year of life, giving an infant mortality rate of 24·68 per 1,000 live births.

Average infant mortality rate, 1947-1956	...	...	33·27	per 1,000 live births
Infant mortality rate, 1957	...	...	24·68	per 1,000 live births
Infant mortality rate, England and Wales (1957)	...	...	23·00	per 1,000 live births

Of the 24 infants, 16 died in their first month of life giving a neo-natal mortality rate of 16·46 per 1,000 live births as compared with a rate of 16·50 per 1,000 live births for England and Wales.

The following table gives the details of the total deaths registered under one year:—

CAUSE OF DEATH	AGE (weeks)								AGE (months)								ALL IN- FANT D'THS			
	Under 1 week		1 to 2		2 to 3		3 to 4		Total under 4 wks.	1 to 3		3 to 6		6 to 9		9 to 12		Total 1 to 12 mths.		
	M	F	M	F	M	F	M	F		M	F	M	F	M	F	M		F		
Prematurity	3	1							4										—	4
Congenital Malformations:																				
(a) Monstrosity... ..	1								1										—	1
(b) Nervous System and sense organs	1		1						2	1				1					2	4
(c) Circulatory system	1				1				2										—	2
(d) Digestive Organs									—			1							1	1
(e) Genito-urinary tract					1				1										—	1
OTHER CAUSES:																				
(a) Birth injuries ...	1								1	1									1	2
(b) P.N. Asphyxia and atelectasis	2	1							3										—	3
(c) Ill defined and unknown			1						1										—	1
(d) Accidents (not motor vehicle) ...									—	1									1	1
(e) Intestinal Obstruction									—	1									1	1
(f) Bronchitis (acute laryngo-tracheal) ...									—	1									1	1
(g) Sagittal sinus thrombosis					1				1										—	1
(h) Malignant disease									—					1					1	1
	9	2	2	—	3	—	—	—	16	5	—	1	—	2	—	—	—		8	24
TOTAL DEATHS UNDER ONE YEAR										Male 22		Female 2				Total 24				

Note: In addition to the four deaths from “prematurity” shown above, this was also a subsidiary cause in two other cases.

Maternal Mortality—The following table gives details of maternal deaths which have occurred within the Borough during the last 20 years, together with the rates per 1,000 live and stillbirths.

Year	No. of Live and Stillbirths	RATES PER 1,000 LIVE AND STILLBIRTHS					
		Sepsis		Other Causes		Total	
		No.	Rate	No.	Rate	No.	Rate
1938	843	—	—	—	—	—	—
1939	780	2	2·44	1	1·22	3	3·66
1940	911	—	—	1	1·08	1	1·80
1941	989	1	0·88	2	1·77	3	2·65
1942	1112	1	0·90	2	1·80	3	2·70
1943	1083	—	—	1	0·92	1	0·92
1944	1198	—	—	2	1·67	2	1·67
1945	1058	1	0·95	3	2·83	4	3·78
1946	1268	1	0·79	—	—	1	0·79
1947	1351	—	—	2	1·48	2	1·48
1948	1195	—	—	2	1·67	2	1·67
1949	1008	—	—	2	1·98	2	1·98
1950	907	—	—	—	—	—	—
1951	906	—	—	—	—	—	—
1952	991	—	—	2	2·02	2	2·02
1953	982	—	—	—	—	—	—
1954	908	—	—	—	—	—	—
1955	933	—	—	1	1·07	1	1·07
1956	984	—	—	1	1·02	1	1·02
1957	994	—	—	—	—	—	—

PROPORTION OF DEATHS FROM PRINCIPAL CAUSES, 1957

Total Deaths — 1,344

CAUSE OF DEATH	1957		1956	
	Number	% of total deaths	Number	% of total deaths
Heart Disease including diseases of the circulatory system	534	39·74	580	41·82
Cancer	240	17·85	223	16·08
Vascular Lesions of nervous system... ..	205	15·26	208	14·99
Respiratory Diseases... ..	129	9·60	127	9·16
Violence, including suicide	52	3·87	62	4·47
Tuberculosis, all forms	10	0·74	6	0·43
Ulcer of Stomach and Duodenum	19	1·41	11	0·79
All Other Causes	155	11·53	170	12·26
	1,344	100·00	1,387	100·00

Deaths from Violence—There were 52 deaths from violence and these were classified as follows:—

	Males	Females	Total
Suicide	10	8	18
Motor Vehicle Accidents	5	2	7
Other Accidents	6	20	26
Homicide	—	1	1
	21	31	52

DEATHS (Table 1)
Causes of, and Ages at, Death for year 1957

CAUSES OF DEATH	Totals at all ages	AGE DISTRIBUTION																	
		MALES									FEMALES								
		under 1 yr.	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 to 75	75 & over	Totals	under 1 yr.	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 to 75	75 & over	Tot
1. Tuberculosis—Respiratory ...	9	—	—	—	—	—	7	1	1	9	—	—	—	—	—	—	—	—	—
2. Tuberculosis—Other ...	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
3. Syphilitic Disease ...	4	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—	1	1	2
4. Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal Infections ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other Infective and parasitic diseases	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	2
10. Malignant Neoplasm, Stomach ...	22	—	—	—	—	—	3	2	6	11	—	—	—	—	—	—	5	6	11
11. Malignant Neoplasm, lung bronchus ...	45	—	—	—	—	—	17	12	11	40	—	—	—	—	—	1	2	2	5
12. Malignant Neoplasm, breast ...	20	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	4	7	20
13. Malignant Neoplasm, uterus ...	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	1	5
14. Other Malignant and Lymphatic Neoplasms ...	141	1	—	—	1	—	19	21	24	66	—	—	—	—	2	20	29	24	75
15. Leukaemia ...	7	—	—	—	—	1	2	1	—	4	—	—	—	—	—	1	1	1	3
16. Diabetes ...	15	—	—	—	—	1	3	2	3	9	—	—	—	—	—	3	—	3	6
17. Vascular lesions of Nervous System	205	—	—	—	—	1	14	24	31	70	—	—	—	—	2	14	35	84	135
18. Coronary Disease—Angina ...	249	—	—	—	—	1	53	54	41	149	—	—	—	—	1	12	34	53	100
19. Hypertension with Heart Disease ...	28	—	—	—	—	—	2	3	3	8	—	—	—	—	—	2	6	12	20
20. Other Heart Disease ...	202	—	—	—	—	1	10	16	45	72	—	—	—	—	2	3	21	104	130
21. Other Circulatory Disease ...	55	—	—	—	—	—	6	8	9	23	—	—	—	—	—	2	4	26	32
22. Influenza ...	12	—	—	—	—	1	2	3	1	7	—	—	—	2	—	1	—	2	5
23. Pneumonia ...	52	1	—	—	—	1	3	8	9	22	—	2	—	—	1	5	2	20	30
24. Bronchitis ...	54	1	—	—	—	1	11	9	15	37	—	1	—	—	1	4	4	7	17
25. Other Diseases of Respiratory System ...	11	—	—	—	—	—	3	3	1	7	—	—	—	—	—	2	1	1	4
26. Ulcer of Stomach and Duodenum ...	19	—	—	—	—	—	9	1	4	14	—	—	—	—	—	1	1	3	5
27. Gastritis, Enteritis and Diarrhoea ...	5	—	1	—	—	—	—	—	2	3	—	—	—	—	—	—	—	2	2
28. Nephritis and Nephrosis ...	5	—	—	—	—	—	3	—	—	3	—	—	—	—	—	2	—	—	2
29. Hyperplasia of Prostate ...	7	—	—	—	—	—	—	2	5	7	—	—	—	—	—	—	—	—	—
30. Pregnancy, Childbirth, Abortion ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
31. Congenital Malformations ...	8	8	—	—	—	—	—	—	—	8	—	—	—	—	—	—	—	—	—
32. Other defined and ill-defined Diseases ...	109	10	—	—	—	4	6	13	11	44	2	1	—	—	3	11	14	34	65
33. Motor Vehicle Accidents ...	7	—	—	—	—	1	—	3	1	5	—	—	—	1	—	1	—	—	2
34. All Other Accidents ...	26	1	—	—	—	—	1	1	3	6	—	—	—	—	—	2	2	16	20
35. Suicide ...	18	—	—	—	—	—	8	1	1	10	—	—	—	—	2	3	1	2	8
36. Homicide and Operations of War ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
TOTALS—(All Causes) ...	1344	22	1	—	1	13	182	189	228	636	2	4	—	4	14	104	169	411	708

DEATHS (Table 2)
Number of Deaths in Various Age Groups for years 1943 to 1957

Year	Total No. of Deaths	Under 1		1—5		5—15		15—45		45—65		65—75		75 and over	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1943	1410	49	3.48	10	0.70	6	0.42	106	7.52	348	24.68	383	27.17	508	36.03
1944	1304	52	3.98	13	0.99	7	0.54	60	4.60	306	23.47	397	30.46	469	35.96
1945	1300	29	2.23	6	0.46	12	0.92	78	6.00	270	20.77	383	29.47	522	40.15
1946	1256	40	3.18	5	0.39	6	0.48	67	5.33	286	22.78	338	26.90	514	40.94
1947	1372	55	4.01	6	0.44	4	0.29	71	5.17	315	22.96	366	26.68	555	40.45
1948	1272	41	3.22	4	0.31	2	0.16	54	4.25	302	23.74	422	33.15	447	35.17
1949	1344	38	2.83	6	0.45	1	0.08	60	4.46	289	21.50	419	31.18	531	39.50
1950	1400	24	1.71	6	0.43	5	0.37	67	4.78	293	20.93	415	29.64	590	42.14
1951	1613	36	2.23	4	0.25	4	0.25	47	2.91	346	21.45	445	27.59	731	45.32
1952	1354	29	2.15	6	0.45	2	0.14	54	4.00	291	21.50	403	29.77	569	41.99
1953	1310	20	1.53	6	0.45	11	0.84	52	3.97	266	20.30	360	27.49	595	45.42
1954	1357	31	2.29	2	0.15	3	0.22	47	3.46	309	22.77	378	27.86	587	43.25
1955	1552	32	2.06	3	0.19	7	0.45	41	2.64	292	18.81	404	26.03	773	49.81
1956	1387	26	1.87	5	0.37	11	0.79	44	3.17	267	19.25	353	25.45	681	49.10
1957	1344	24	1.79	5	0.37	0	0.00	32	2.38	286	21.28	358	26.64	639	47.54

It will be seen that approximately 75% of all deaths were of persons aged sixty-five years and over and nearly 50% of all deaths were of persons of seventy-five years and over.

DEATHS (Table 3)
Numbers and Rates per 1,000 population and per 1,000 births—years 1937—1957

Year	Popu- lation	Male	Female	Total	Rate per 1,000 Popu- lation	Cor- rected for Age and Sex	Under One Year	Rate per 1,000 Births	Legiti- mate Births	Rate per 1,000 Legiti- mate Births	Illegiti- mate Births	Rate per 1,000 Illegiti- mate Births	Pulm'ry Tuber- culosis	Rate per 1,000 Popu- lation	Other Forms T.B.	Rate per 1,000 Popu- lation
1938	78600	565	650	1215	15.46	12.83	56	70	49	65	7	132	25	0.32	9	0.11
1939	81840	606	732	1338	16.34	13.56	41	52	37	47	4	70	40	0.49	7	0.09
1940	88550	608	810	1418	16.01	12.65	40	43	33	38	7	121	24	0.27	9	0.10
1941	95410	641	774	1415	14.80	11.69	65	57	58	54	7	115	38	0.40	7	0.07
1942	90480	584	739	1323	14.60	12.11	41	38	36	36	5	75	37	0.41	9	0.10
1943	85140	619	791	1410	16.60	13.77	49	47	43	45	6	67	43	0.50	9	0.10
1944	82860	565	739	1304	15.74	13.06	52	44	45	42	7	67	27	0.32	6	0.07
1945	81360	561	739	1300	15.98	12.63	29	28	25	27	4	35	36	0.44	5	0.06
1946	84010	470	686	1256	14.95	11.81	40	32	33	27	7	69	31	0.37	3	0.04
1947	84240	651	721	1372	16.29	12.87	55	42	50	40	5	64	39	0.46	5	0.06
1948	85800	566	706	1272	14.82	11.71	41	35	35	32	6	76	27	0.31	3	0.04
1949	85540	623	721	1344	15.71	12.10	38	39	33	35	*5	102	26	0.30	5	0.06
1950	85500	622	778	1400	16.37	12.44	24	27	22	26	2	34	15	0.17	5	0.90
1951	83400	737	876	1613	19.34	14.70	36	41	33	40	1	60	22	0.26	5	0.06
1952	82980	626	728	1354	16.32	12.32	29	20	28	30	1	20	12	0.15	6	0.07
1953	82400	606	704	1310	15.89	12.07	20	21	19	21	1	21	13	0.16	5	0.06
1954	82440	606	751	1357	16.46	11.34	31	35	29	34	2	39	16	0.20	—	—
1955	82240	682	870	1552	18.87	13.20	32	35	28	33	4	67	13	0.16	—	—
1956	82100	637	750	1387	16.89	12.16	26	27	25	28	1	21	6	0.07	—	—
1957	81900	636	708	1344	16.41	11.98	24	25	22	24	2	31	9	0.11	1	0.01

*One of these infants was an unknown child found in a garden; this child may or may not have belonged to Southport. Excluding this death, the rate per 1,000 births would be 82.
In addition, another of these infants was allocated to Southport in error and excluding this death also the rate per 1,000 births for the remaining 3 deaths would be 61.

ENGLAND AND WALES—SOUTHPORT—CERTAIN VITAL STATISTICS

PERIOD	BIRTH RATE (per 1,000 population)		DEATH RATE (per 1,000 population)		INFANTILE MORTALITY RATE (per 1,000 live births)		EXPECTATION OF LIFE
	England & Wales	Southport	England & Wales	Southport	England & Wales	Southport	
1871—1880	35·4	30·69	21·4	23·43	149	161	M.—48; F.—52
1881—1890	32·4	24·37	19·1	17·78	142	132	
1891—1900	29·9	22·31	18·2	17·23	153	143	
1901—1910	27·2	17·49	15·4	14·43	128	121	
1911—1920	21·8	13·95	14·4	13·86	100	84	M.—59; F.—63
1921—1930	18·3	12·71	12·1	12·66	72	65	
1931—1940	14·9	10·30	12·3	15·07	59	56	
1941—1950	16·9	12·68	12·4	15·59	43	39	
1951	15·4	*11·96	12·5	*14·70	30	41	M.—66; F.—71
1952	15·3	*12·22	11·3	*12·32	28	30	
1953	15·4	*12·23	11·4	*12·07	27	21	
1954	15·1	*12·31	11·3	*11·34	25	35	
1955	15·0	*12·64	11·7	*13·20	24·9	35	M.—67; F.—73
1956	15·7	*13·12	11·7	*12·16	23·8	27	
1957	16·1	*13·41	11·5	*11·98	23·0	24	

*Corrected Rates

Part II
INFECTIOUS DISEASES

Tuberculosis
Veneral Diseases
Diphtheria
Infectious Diseases—Statistical Tables

TUBERCULOSIS

New Cases and Mortality—The number of new cases of tuberculosis which came to the notice of the Department during the year was 49. Of these 46 were found to be suffering from pulmonary disease and 3 from non-pulmonary disease. The following table shows the age and sex of these patients together with similar information regarding the number of persons who died of tuberculosis during the year.

AGE PERIODS (in years)	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0 to 1 ...	1	—	—	—	—	—	—	—
1 to 5 ...	—	—	—	—	—	—	—	—
5 to 15 ...	—	—	—	—	—	—	—	—
15 to 25 ...	3	7	—	—	—	—	—	1
25 to 45 ...	11	3	—	2	—	—	—	—
45 to 65 ...	13	5	—	1	7	—	—	—
65 to 75 ...	3	—	—	—	1	—	—	—
75 and over	—	—	—	—	1	—	—	—
TOTALS ...	31	15	—	3	9	—	—	1

Treatment Clinic—The 49 new cases came to the notice of the Department in the following ways:—

(a) By primary notifications ...	...	...	...	...	...	...	...	31
(b) By transfers from other areas ...	...	...	...	...	...	...	...	14
(c) From Death Returns ...	...	...	...	...	...	...	...	3
(d) Lost sight of cases returned ...	...	...	...	...	...	...	...	1
TOTAL ...								49

All the cases for whom primary notifications were received and all patients transferred from other areas were seen at the Treatment Clinic which is held at the Southport Infirmary. The total number of cases on the Clinic Register at the end of 1957 was 426, and 72 of these patients were found to have sputum containing tubercle bacilli. During the year, 51 Treatment Clinics were held and 717 visits were made by patients; the total number of X-ray examinations of patients was 726.

It should be mentioned that the Southport and District Hospital Management Committee are responsible for the organisation and administration of the Tuberculosis Treatment Clinics.

The following summary of notifications and deaths from tuberculosis during the last ten years shows very little variation in the notifications of pulmonary tuberculosis, a gradual decline in the notifications of non-pulmonary tuberculosis and a marked fall in the number of deaths from both forms of the disease.

YEAR	NEW CASES		DEATHS	
	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory
1948 ...	51	17	29	3
1949 ...	60	13	23	1
1950 ...	68	16	15	5
1951 ...	79	13	22	5
1952 ...	71	13	12	6
1953 ...	67	9	13	5
1954 ...	68	9	16	—
1955 ...	65	10	13	—
1956 ...	61	—	—	—
1957 ...	46	3	9	1

Contact Clinic—The Health Committee is responsible for the Contact Clinic and this is also held at the Southport Infirmary by arrangement with the Hospital Management Committee.

During the year 43 clinics were held and 891 attendances were made by contacts of patients; the total number of X-ray examinations of contacts was 855. One contact was found to be suffering from pulmonary tuberculosis in 1957.

Domiciliary Visiting—A Health Visitor is employed by the Health Committee for the purpose of visiting cases in their own homes to give help and advice to patients and their families.

The following table shows the number of visits made by this Health Visitor during the year:—

To Patients—	First Visits	...	...	...	...	...	...	...	...	31
	Re-Visits	...	...	...	...	...	...	...	...	1,085
To Contacts—	First Visits	...	...	...	...	...	...	...	...	87
	Re-Visits	...	...	...	...	...	...	...	...	1,415
										<hr/> 2,618
										<hr/>
	“No Access” Visits	...	...	...	...	...	...	...	...	65
										<hr/>

In addition, the Health Visitor also attends at the Tuberculosis Treatment and Contact Clinics and this arrangement is very satisfactory as it provides a useful link between the Hospital Service and the Health Committee’s Service.

During 1957, the Health Visitor made 82 attendances at the Tuberculosis Treatment and Contact Clinics.

Housing—The Points Scheme which is used for the purpose of selecting tenants for Corporation houses, makes special provision for tuberculous patients. Additional points are awarded when either the applicant or his wife, or any of their children, are known to be suffering from infectious tuberculosis and this concession is of benefit to those cases where improved housing accommodation is desirable for the patient and his or her family.

During 1957, one case was referred to the Housing Department with a recommendation that alternative accommodation would be helpful.

Open-Air Chalets—In some cases the Tuberculosis Officer may advise the patient that separate sleeping accommodation is desirable, particularly when there are young children in the family, but on occasions the home circumstances may be such that this cannot be arranged.

To meet this special need the Health Committee loan open-air chalets to suitable patients, thereby enabling treatment to be continued in a more satisfactory manner.

These chalets are equipped with Calor gas lighting and three were in use at the end of the year.

Mass Miniature Radiography Unit—The following statement shows the numbers of persons who attended for miniature X-ray examination and the results obtained when the No. 2 Mass Radiography Unit of the Liverpool Regional Hospital Board was in Southport from 2nd December, 1957—31st January, 1958.

						Male		Female		Total
1. Total numbers of persons examined ...	...	...	...	...	...	2,819	...	3,622	...	6,441
<hr/>										
2. Age Groups of persons examined:—										
Under 14 years	...	...	...	...	...	647	...	852	...	1,499
15 to 24 years	...	...	...	...	...	352	...	1200	...	1,552
25 to 34 years	...	...	...	...	...	483	...	490	...	973
35 to 44 years	...	...	...	...	...	532	...	442	...	974
45 to 59 years	...	...	...	...	...	625	...	517	...	1,142
60 years and over	...	...	...	...	...	180	...	121	...	301
						<hr/>				
						2,819		3,622		6,441
						<hr/>				

3. Classification:—

Tuberculosis:—

Tuberculosis presumed healed	...	...	...	...	...	32	...	15	...	47
Occasional supervision	...	...	...	...	...	3	...	2	...	5
Requiring immediate treatment	...	...	...	...	...	1	...	—	...	1
Tuberculosis suspected — Not yet confirmed	...	...	...	...	...	—	...	1	...	1
Inactive primary pulmonary tuberculosis	...	...	...	...	...	53	...	53	...	106
Bronchiectasis	...	...	...	...	...	2	...	—	...	2
Heart abnormalities acquired and congenital)	...	...	...	...	...	23	...	44	...	67
Pneumoconiosis	...	...	...	...	...	1	...	—	...	1
Pneumonitis	...	...	...	...	...	—	...	1	...	1
Pulmonary congestion, Fibrosis and Bronchitis, etc.	...	...	...	...	...	25	...	10	...	35
Non-malignant neoplasm	...	...	...	...	...	—	...	1	...	1
Failed to attend for large film or clinic appointment	...	...	...	...	...	11	...	8	...	19
No abnormality	...	...	...	...	...	2,668	...	3,487	...	6,155
						<hr/>				
						2,819		3,622		6,441
						<hr/>				

Number of Patients on Register—The following table gives details of the patients on the register during the last five years and bears out the remarks made earlier in this Report regarding the incidence of notifications and deaths.

	1953			1954			1955			1956			1957		
	Pul.	Non-Pul.	Total	Pul.	Non-Pul.	Total	Pul.	Non-Pul.	Total	Pul.	Non-Pul.	Total	Pul.	Non-Pul.	Total
1. No. of patients on register at beginning of year	367	96	463	388	84	472	388	65	453	396	61	457	420	67	487
2. No. of patients added during the year:															
(a) primary notifications of new cases	51	5	56	49	7	56	41	4	45	42	10	52	30	1	31
(b) transfers from other areas	11	3	14	12	1	13	19	4	23	18	2	20	12	2	14
(c) lost sight of cases returned	2	—	2	2	—	2	1	—	1	1	1	2	1	—	1
TOTALS (1)	341	104	535	451	92	543	449	73	522	457	74	531	463	70	533
3. No. of patients deleted during the year:															
(a) died (from all causes)	14	5	19	10	—	10	12	—	12	8	—	8	10	1	11
(b) transferred to other areas... ..	15	—	15	18	3	21	21	1	22	21	2	23	18	1	19
(c) recovered	6	15	21	20	15	35	7	8	15	6	5	11	29	24	53
(d) lost sight of or refused further assistance	8	—	8	15	9	24	13	3	16	2	—	2	15	9	24
TOTALS (2)	43	20	63	63	27	90	53	12	65	37	7	44	72	35	107
4. No. of patients on register at the end of year (i.e., totals (1), less totals (2)	388	84	472	388	65	453	396	61	457	420	67	487	391	35	426
5. Summary of new patients found during the year:															
(a) Primary notifications of new cases	51	5	56	49	7	56	40	4	45	42	10	52	30	1	31
(b) Transfers from other areas	11	3	14	12	1	13	19	4	23	18	2	20	12	2	14
(c) Patients found from death re- turns (figures not included in items (1) to (4) above)	5	1	6	5	1	6	5	2	7	1	—	1	3	—	3
(d) Lost sight of cases returned	2	—	2	2	—	2	1	—	1	1	1	2	1	—	1
TOTAL NUMBER OF NEW PATIENTS	67	9	76	68	9	77	66	10	76	62	13	75	46	3	49

VENEREAL DISEASES

At the end of the year, 85 new cases were under treatment at the clinic, as compared with 91 cases at the end of 1956.

These new cases were classified as follows:—

							Male		Female		Total
(1)	Syphilis	...	...	...	...	...	2	...	5	...	7
(2)	Gonorrhoea	...	...	...	...	...	9	...	1	...	10
(3)	Non-Venereal Infections	...	...	...	...	...	51	...	12	...	63
							62		18		80
(4)	Cases transferred from other clinics:—										
	Syphilis	...	...	...	...	...	1	...	1	...	2
	Gonorrhoea	...	...	...	...	...	2	...	1	...	3
	Observation	...	...	...	...	...	—	...	—	...	—
TOTALS							65		20		85

The following statement shows the number of cases of syphilis and gonorrhoea during the last fifteen years:—

YEAR	SYPHILIS					GONORRHOEA		
	Number of new cases during the year			Number of cases on register at end of year	Total number of attendances during year	Number of new cases during the year	Number of cases on register at end of year	Total No. of attendances during year
	Congenital	Others	Total					
1943	8	45	53	160	3185	81	86	5183
1944	12	38	50	182	3063	85	96	3730
1945	6	39	45	156	2991	90	114	3751
1946	8	30	38	169	2740	130	111	4343
1947	3	32	35	147	2751	76	116	3362
1948	6	29	35	151	2321	77	102	2395
1949	3	26	29	163	1892	37	106	1420
1950	—	16	16	155	1795	15	72	639
1951	5	11	16	92	1496	15	21	206
1952	6	9	15	84	1535	9	7	107
1953	2	10	12	62	1184	8	2	84
1954	1	6	7	57	1412	3	2	18
1955	1	7	8	56	1625	4	5	46
1956	3	7	10	49	1336	6	4	85
1957	—	7	7	55	1152	10	3	78

An important feature of the prevention and treatment of venereal disease is the work which is done to ensure that patients attend for treatment at regular periods. So far, as the female patients are concerned, this follow-up work is done by one of the Health Visitors; this Health Visitor is also present at the V.D. Clinic when patients are being seen by the Consultant Physician, and the arrangement is of great value in maintaining a close liaison between the district and clinic work.

As there is no suitable person on the staff of the Health Department to deal with the follow-up of male patients, an arrangement has been made with the Southport and District Hospital Management Committee for the male nurse at the V.D. Clinic to undertake these duties during his off-duty time on a repayment basis, and due to his efforts the number of male defaulters has been reduced to a minimum.

During the year the Health Visitor made 26 follow-up visits and also attended 46 V.D. Clinics. At the commencement of the year there were 7 male defaulters on the register and 50 other names were added during the course of the year. The male nurse dealt successfully with 52 of these, leaving 5 patients as defaulters at the end of the year. 70 home visits were made by the male nurse during the period under review.

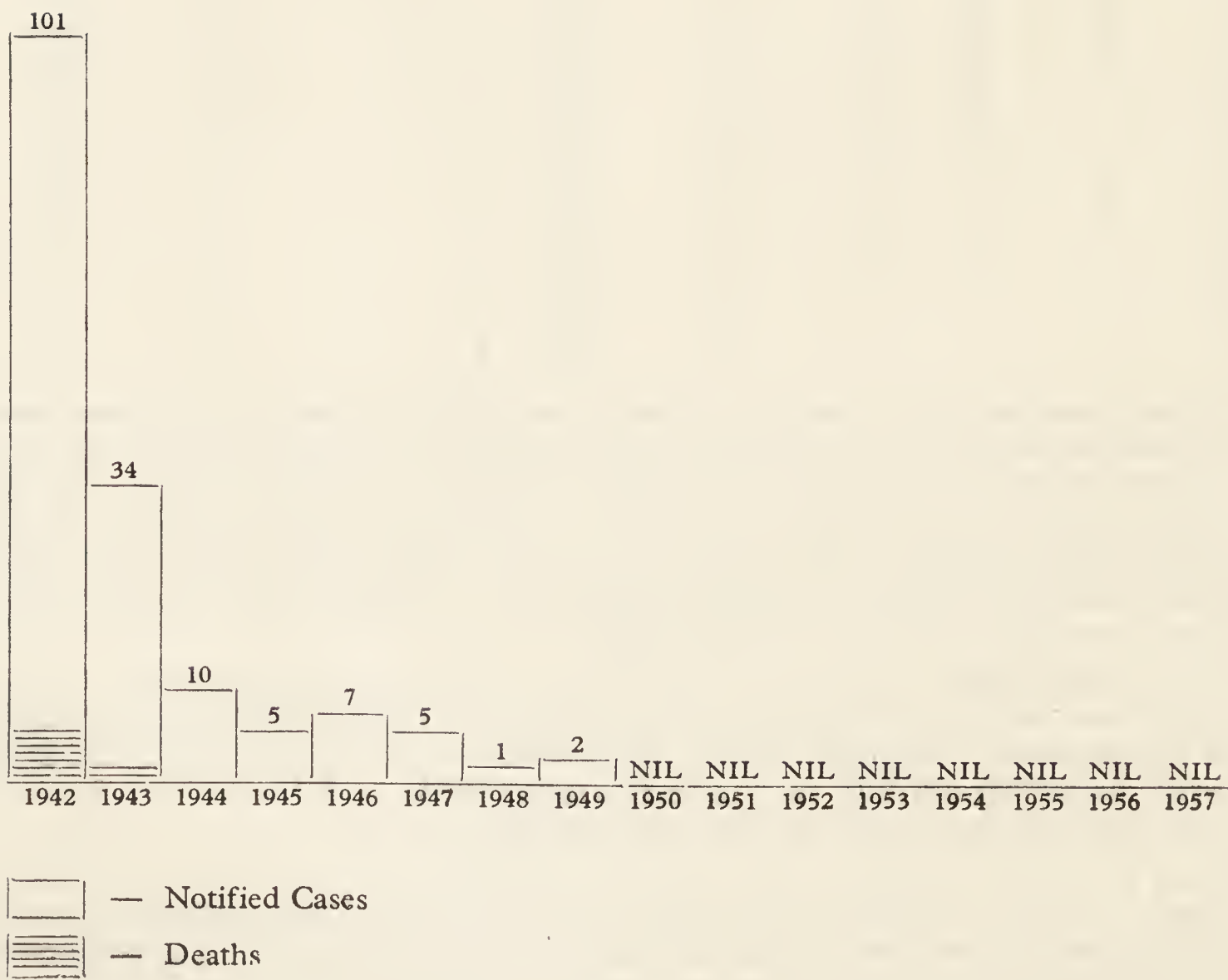
DIPHThERIA

Notified cases and Deaths
during the years 1942-1957 inclusive

The accompanying diagram shows the numbers of notified cases of diphtheria each year in the period 1942-1957 and at the foot of each column will be seen the proportion of deaths occurring each year.

During the five years from 1942 to 1946 the average number of notified cases was 31·4 and the average number of deaths was 1·2.

These figures should be compared with those of the eleven year period from 1946 to 1957 when the average number of notified cases was 0·7 and there were no deaths.



INFECTIOUS DISEASES (Table 1)
Classification of Cases notified during the year 1957

NOTIFIABLE DISEASE	NUMBER OF CASES NOTIFIED Ages in Years							TOTAL CASES NOTIFIED IN EACH WARD													Total No. of cases removed to Hospital			
	At all ages	Under 1	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 upwards	Central	Craven	Heslith	Marine	Park	Scarisbrick	South	Sussex	Talbot	West	Birkdale East	Birkdale North		Birkdale South	Birkdale West	Ainsdale
Chicken Pox	746	24	206	466	17	30	2	1	23	40	88	37	110	39	57	95	45	45	28	43	73	15	8	14
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	6	—	—	—	—	—	5	1	—	1	—	2	—	—	2	—	—	—	—	—	—	—	—	2
Food Poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
German Measles	169	11	71	73	6	8	—	—	4	6	18	9	17	10	8	8	3	15	11	21	21	14	4	4
Measles	476	11	230	228	6	1	—	—	24	17	49	32	25	9	19	18	13	24	43	23	119	13	48	20
Meningococcal Infection	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Paratyphoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	41	1	—	10	7	10	8	5	1	2	—	2	10	3	—	3	1	5	1	2	5	2	4	5
Poliomyelitis	4	—	2	2	—	—	—	—	—	—	—	—	—	—	2	2	—	—	—	—	—	—	—	4
Puerperal Pyrexia	1	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1
Scarlet Fever	40	—	19	19	2	—	—	—	—	5	2	1	17	1	2	1	1	3	1	4	—	1	1	12
Whooping Cough	63	5	20	38	—	—	—	—	—	—	8	4	1	8	5	4	2	—	—	5	22	4	2	2
TOTALS	1547	53	548	836	38	50	15	7	52	71	165	87	181	72	95	131	65	92	84	98	240	45	69	65

INFECTIOUS DISEASES (Table 2)
Number of Notified Cases and number of Deaths for the years 1948 to 1957 inclusive

NOTIFIABLE DISEASE	NUMBER OF CASES OF INFECTIOUS DISEASE NOTIFIED										DEATHS FROM INFECTIOUS DISEASE										Case Mortality for 10 years 1948—1957		
	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	Total Cases for 10 years 1948 to 1957	1948	1949	1950	1951	1952	1953	1954	1955	1956		1957	Total Deaths during 10 years 1948 to 1957
Chicken Pox	506	543	345	295	992	225	1395	286	498	746	5831	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	1	2	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	3	6	282	155	9	18	154	35	134	—	796	—	—	—	2	—	—	—	—	—	—	2	0·25%
Encephalitis	—	—	—	1	—	—	1	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	33	34	24	15	17	22	10	9	12	6	182	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	—	1	23	4	—	26	2	16	5	—	77	—	—	1	—	—	—	—	—	—	—	1	1·30%
German Measles	161	55	45	76	330	1505	60	57	110	169	2568	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	1	1	1	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—
Measles	788	896	595	1272	345	1202	457	238	813	476	7082	1	2	—	1	—	—	1	—	—	—	5	0·07%
Meningococcal Infect'n	—	1	3	4	4	—	1	3	3	1	20	—	—	1	—	—	—	1	—	2	—	4	20·00%
Ophthalmia Neonatorum	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Other Forms of Tuberculosis	17	13	16	13	13	9	9	10	13	3	116	3	5	5	5	6	5	—	—	—	—	1	30
Para-Typhoid Fever ...	—	6	2	1	—	—	—	1	1	—	11	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	82	70	46	69	51	32	15	31	37	41	474	31	31	40	51	38	22	27	58	50	52	400	84·38%
Polioencephalitis	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	3	1	2	2	1	7	2	9	6	4	37	2	—	—	—	—	—	1	1	—	—	4	10·81%
Puerperal Pyrexia	—	2	2	2	1	5	1	—	4	1	18	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis	51	58	68	77	71	67	68	65	62	46	633	27	26	15	22	12	13	16	13	6	9	159	25·12%
Scarlet Fever	210	125	167	94	213	176	55	32	26	40	1138	—	—	—	—	—	—	—	—	—	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	2	—	—	1	—	—	—	—	—	3	—	1	—	—	—	—	—	—	—	—	1	33·33%
Typhus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	457	277	352	192	179	206	452	43	198	63	2419	1	1	2	—	1	—	—	—	—	—	5	0·21%

Part III

LOCAL HEALTH SERVICES

Care of Mothers and Young Children

Welfare Foods

Midwifery

Health Visiting

Home Nursing

Vaccination and Immunisation

Ambulance

Prevention of Illness, Care and After-Care

Home Help

Mental Health

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal Care—A weekly Ante-Natal Clinic was held at 44 Hoghton Street during 1957 for those mothers who had booked to have their confinements at home and also for mothers who were to be admitted to the St. Katharine's Maternity Hospital. This clinic is conducted by Mr. N. E. Laurence, who is the Obstetric Consultant for the two maternity hospitals in the town; the Matron or Deputy Matron of the St. Katherine's Maternity Hospital and the non-medical Supervisor of Midwives also do duty at this clinic. In addition, the Domiciliary Midwives attend in rotation to meet their own patients.

Subject to the consent of the general practitioner concerned, mothers who have booked with their family doctor may attend this clinic to obtain additional ante-natal care. Mothers who attend this clinic have a blood test for Kahn reaction, haemoglobin estimation, blood grouping and for Rhesus factor as a routine measure.

Maternity outfits are supplied free of cost to all mothers who are having their first confinements at home.

During the year, 51 clinic sessions were held and 22 mothers who had booked to have their confinements at home made a total of 37 attendances.

Ministry of Health Circular 9/56—The joint meeting between representatives of the Hospital, General Medical Practitioners and Local Health Authority Services which were held in 1956 following the issue by the Ministry of Health Circular 9/56 on ante-natal care, served to ventilate some of the matters which may contribute to safety for the mother and her baby. It led also to a concerted effort to ensure that all mothers were given the opportunity of a blood group, haemoglobin, Rh factor and Kahn test and in general these important tests are carried out. The town is unique in that all mothers wishing to have their babies in hospital are able to do so: because of this, the expected report of the Cranbrook Committee on the Maternity Services will be of particular importance to Southport.

Post-Natal Care—All mothers who have not made arrangements to be examined by their own doctors are invited to attend the Post-Natal Clinic which is held each week at 44 Hoghton Street. The Clinic is conducted by Mr. N. E. Laurence, the Obstetric Specialist, and 403 mothers attended during 1957. In addition, 234 re-visits were made, making a total of 637 visits during the year; 45 attendances were made by Health Visitors at Post-Natal Clinics.

Child Welfare Centres—There are six Centres in the town and in addition to the normal work, each Clinic distributes the dried milk and vitamin foods issued by the Ministry of Health. As in the past the ladies of the Voluntary Infant Welfare Committee provided clerical and other assistance at the Centres during 1957 and their efforts and enthusiasm contributed in no small measure to the steady progress which was maintained throughout the year.

Although there are six Welfare Centres so placed that they cover the area adequately, it has been necessary to hold two sessions each week at the Centre in the High Park district. The work of these Centres is chiefly educational and is aimed at the improvement of the standard of mothercraft.

The sessions at the High Park and Ainsdale Centres are conducted by three medical practitioners, two of whom give general medical services in the town; the remaining four sessions are conducted by the Health Department's medical staff; one of the Lady Assistant Medical Officers being responsible for the Centres at Crossens, Hampton Road and Derby Road, while the Deputy Medical Officer of Health is responsible for the Liverpool Road centre. Two Health Visitors are in attendance at each Welfare centre session and the medical and nursing staff maintain a general supervision over the progress of the babies and young children so that appropriate advice can be given when it is necessary.

The following statement shows the attendances made at the Welfare Centres during 1957:—

	Hamp- ton Road	High Park	Liver- pool Road	Cros- sens	Derby Road	Ains- dale	TOTALS
INFANTS — under 1 year— No. of New Cases ...	142	155	130	125	160	70	782
No. of Re-attendances	1838	1696	1309	1374	1849	768	8834
CHILDREN — over 1 and under 5 years— No. of Attendances ...	697	792	553	881	746	667	4336
Total No. of Attendances	2677	2643	1992	2380	2755	1505	13952
No. of Sessions	47	92	46	47	47	47	326
Average Attendance per Session	57	29	43	51	59	32	43
Total No. of Children who attended during the year	399	421	346	359	398	265	2188
Average attendance per child	6·7	6·3	5·8	6·6	6·9	5·7	6·4
No. of attendances made by Health Visitors ...	139	184	92	94	141	94	744

Maternity Dental Clinic—This Clinic is held at 2 Church Street and there are sessions each week for expectant and nursing mothers and children under 5 years of age who are not attending primary schools maintained by the local Education Authority.

When dentures are required by expectant and nursing mothers, arrangements are made with private dental mechanics in the town.

The following tables show the work done during the year:—

(a) Number of Cases Treated

	Examined	Found to be in need of treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers ...	31	30	30	20
Children under 5	188	114	116	91
TOTALS	219	144	146	111

(b) Classification of Treatment provided

	Extractions	Anaesthetics		Fillings	Scalings or Scaling and Gum Treatment	Silver Nitrate Treatment	Dressings	Radiographs	Dentures provided	
		Local	General						Com- plete	Partial
Expectant and Nursing Mothers	48	23	3	68	17	—	7	3	12	6
Children under 5	70	10	25	256	15	92	9	—	—	—
TOTALS	118	33	28	324	32	92	16	3	12	6

Day Nurseries—There are two Day Nurseries in the town, one being in Talbot Street with accommodation for 60 children, and one in Bedford Park with accommodation for 40 children. The former was opened in 1955 to replace the King Street Day Nursery.

The need for the Day Nursery Service is shown by the fact that 50% of the mothers are the sole support of their families, and that 30% are the main support of their families; the remaining 20% relates to families whose children are in need of day nursery accommodation either because the general health of the children is not satisfactory or where there are bad housing conditions. It should also be pointed out that approximately two-thirds of the parents whose children are attending the Day Nurseries live in rooms which are often overcrowded.

The following fees are charged:—

							Full Day	Half Day
(a) Minimum Fee	...	...	...	...	...	...	1/6	1/-
(b) Maximum Fee	...	...	...	...	...	...	6/3	3/3

These fees, however, may be reduced in cases of financial hardship and in this regard it is interesting to note that at the end of the year, the average daily payment made by the mothers was 3/4½ for each child attending the Day Nurseries.

The Nursery Nurses' Training Scheme was continued in 1957 in conjunction with the Education Committee, and it was reported to Committee in August that all the four second year students were successful in obtaining the Certificate of the National Nursery Examination Board.

The following table shows the attendances at the Day Nurseries during 1957:—

	Southport	Bedford Park	Totals
(1) Number of places provided	60	40	100
(2) Mondays to Fridays—			
(a) Total attendances	13782	8659	22441
(b) Number of days open	254	254	254
(c) Average daily attendance	54	34	89
(3) Mondays to Saturdays—			
(a) Total attendances	14785	9042	23827
(b) Number of days open	304	305	304/5
(c) Average daily attendance	49	30	79

Care of Premature Infants—The decision as to whether a premature infant can be nursed satisfactorily in its own home lies with the doctor in attendance and if he considers that removal of the infant to one of the maternity hospitals is advisable, this step is carried out, the infant being removed in a warmed cot which is available for the purpose. Special cots are also supplied on loan to mothers who are nursing their infants at home.

A close liaison is maintained between the Matrons of the lying-in hospitals and the Superintendent Health Visitor in respect of premature births and before such an infant is discharged from the maternity hospital, the necessary information is passed on to the Superintendent Health Visitor who, with her staff, accepts responsibility for the care of the child after discharge under the general direction of the family doctor.

Frequent visits are made by the District Health Visitor until the infant reaches normal weight and after this stage the usual routine visits are made as in other cases.

The table on page 14 shows the number of premature infants born during the year.

Unmarried Mothers—Unmarried mothers who seek the help of the Department are referred to the Obstetric Specialist at the ante-natal clinic at 44 Houghton Street, and arrangements are then made for the confinement to take place either in the girl's own home or in a maternity hospital. She is also advised to continue to attend either the ante-natal clinic at 44 Houghton Street or the appropriate hospital ante-natal clinic.

At the same time, the mother is seen by the Moral Welfare Worker so that if necessary, appropriate arrangements can be made for residential ante and post-natal care. In such cases the Health Authority will accept responsibility for the maintenance of the mother in a voluntary home usually for 6 weeks during the ante-natal period and up to 13 weeks during the post-natal period. The amount paid by the Health Committee to the Voluntary Home is the total cost of the maintenance less any payment which the mother is able to make towards her keep.

The Moral Welfare Worker co-operates with the Superintendent Health Visitor, so that the Health Visiting Staff can keep in touch with the girl both before and after the baby is born. During the year, the Moral Welfare Worker dealt with 63 cases and the Health Committee paid the maintenance costs in voluntary homes for 11 mothers during the ante- and post-natal period.

Prevention of the Break-Up of Families—Consideration has been given during the year by a Sub-Committee, with representatives from the Health, Estates, Welfare, Children's and Finance Committees, to the provision of accommodation which could be used to prevent the splitting up of the family, such as sometimes occurs when a family is evicted.

The Sub-Committee is also available to consider other serious individual family problems, when it seems probable that the best solution can only be found by concerted action by a number of Committees.

Welfare Foods.

(1) **GENERAL.** In 1954, the duty of distributing welfare foods was transferred to the Local Health Authorities under Section 22 of the National Health Service Act, 1946.

(2) **DISTRIBUTION.** Welfare foods were distributed from the Centre at the Health Department and the six Welfare Centres in the town.

The following figures show the amounts of welfare foods issued during 1957 :—

ISSUED FROM	National Dried Milk	Orange Juice	Cod Liver Oil	Vitamin 'A' & 'D' Tablets
	Tins	Bottles	Bottles	Packets
HEALTH DEPARTMENT—				
(a) Counter Issues	8,051	24,604	2,536	2,084
(b) Issues to National Health Service Institutions	125	138	—	—
(c) Issues to Day Nurseries	—	288	108	—
Total Issues from Health Department... ..	8,176	25,030	2,644	2,084
WELFARE CENTRES—				
(a) Ainsdale	712	4,549	582	245
(b) Liverpool Road	1,006	5,998	905	360
(c) Crossens	772	4,667	505	295
(d) Poulton Road	824	5,421	702	330
(e) Hampton Road	617	5,144	638	361
(f) Derby Road	364	1,828	302	123
Total Issues from Welfare Centres	4,295	27,607	3,634	1,714
GRAND TOTALS	12,471	52,637	6,278	3,798

Domiciliary Midwifery—The staff consists of a non-medical supervisor and two district midwives. The supervisor acts as relief when either of the domiciliary midwives is on annual leave or ill.

The general medical supervision of the domiciliary midwifery staff is undertaken by the Medical Officer of Health while the non-medical supervisor deals with all day-to-day administration including control of work, allocation of duties, etc. All the staff are qualified to administer gas and air analgesia and they possess the apparatus.

As a general rule, the domiciliary midwives visit their cases once every two weeks from the date of the booking to the date of the confinement. Visits are often made weekly during the last month. This applies both to mothers who have not booked a doctor and also to those mothers who have engaged the services of their own doctor or a general practitioner obstetrician and who have requested the help of the domiciliary midwife to act as a maternity nurse. The number of visits in each individual case is, of course, varied to suit the needs of the particular patient concerned.

The following statement shows the work done by the department's midwives during the year:—

					Doctor required to be present		Doctor not required to be present		Total
1. Number of deliveries attended:—									
(a) Doctor not booked	...	...	...	...	—	...	7	...	7
(b) Doctor booked	...	...	...	...	10	...	71	...	81
				TOTALS	10		78		88*
2. Number of patients in (1) above who received:									
(a) gas and air analgesia	...	...	...	...	2	...	2	...	4
(b) pethidine	...	...	...	...	9	...	64	...	73
(c) trilene	...	...	...	...	8	...	73	...	81
3. Number of patients in (1) above for whom medical aid was summoned:—									
(a) Where the medical practitioner had arranged to provide the mother with medical services under the National Health Service Act	...	...	...	...			18		
(b) Others	...	...	...	...			—
				TOTAL			18		
4. Number of visits made by the midwives during the year:—									
(a) Ante-natal visits	...	...	...	...	...	...	...	...	1,018
(b) Nursing visits	...	...	...	...	...	...	...	...	1,694
				TOTAL	...	...	...	...	2,712
5. Number of attendances made by midwives to ante-natal clinics held at 44 Hoghton Street	...	...	...	...	...	...	...	...	44

[illegible]

					Doctor required to be present		Doctor not required to be present		Total	
1.	Number of deliveries attended:—									
(a)	Doctor not booked				—	...	—	...	—	
(b)	Doctor booked				4	...	—	...	4	
						4	...	—	...	4
2.	Number of patients in (1) above who received:									
(a)	gas and air analgesia				4	...	—	...	4	
(b)	pethidine				—	...	—	...	—	
(c)	trilene				—	...	—	...	—	
3.	Number of patients in (1) above for whom medical aid was summoned:—									
(a)	Where the medical practitioner had arranged to provide the mother with maternity medical services under the National Health Service Act					—	...	—		
(b)	Others					—	...	—		
TOTAL								Nil		
4.	Number of visits of inspection made by non-medical supervisor to midwives in their own homes									19

	Doctor required to be present	Doctor not required to be present	Total
1. Number of deliveries	16	1	17
2. Number of patients in (1) above who received gas and air analgesia	3	1	4
3. Number of patients in (1) above for whom medical aid was summoned	—		
4. Number of practising midwives employed at 31st December, 1957	2		
5. Number of midwives in (4) above who are qualified to administer gas and air analgesia ...	1		

Maternity Hospitals—The two maternity hospitals in the town are administered by the Southport and District Hospital Management Committee and the following table shows the number of patients during 1957. These figures are for residents and non-residents.

	Christiana Hartley Maternity Hospital	St. Katharine's Maternity Hospital	TOTAL
(1) Number of Patients	681	446	1127*
(2) Number of Patients in (1) above who received gas and air analgesia	620	437	1057
(3) Number of Patients in (1) above for whom medical aid was summoned	108	24	132
(4) Number of practising midwives on the staff at the end of the year	8	5	13
(5) Number of Midwives in (4) above who are qualified to administer gas and air analgesia	8	4	12

*Includes 843 Southport residents and 284 non-residents.

Distribution of Maternity Cases—The following table shows the percentage of maternity cases dealt with during 1957 by the various services, and similar figures are also shown for the previous year. These figures are for mothers who were resident within the area of the Southport County Borough.

	1957		1956	
	No. of Cases	%	No. of Cases	%
District				
Municipal Midwives	88	9·24	79	8·58
Private Midwives	4	0·42	4	0·44
TOTALS (a)	92	9·66	83	9·02
Institutions				
Christiana Hartley Mat. Hospital	378	39·71	396	43·00
St. Katherines Maternity Hospital	465	48·84	419	45·49
Nursing Homes	17	1·79	23	2·49
TOTALS (b)	860	90·34	838	90·98
GRAND TOTALS (a) and (b) ...	952	100·00	921	100·00

HEALTH VISITING

The Health Visiting Service provides general care for nursing and expectant mothers and young children and in addition, is available for the purpose of giving advice to persons of all ages in the town who are suffering from illness. The Health Visitors also assist families by providing them with information concerning the other health services which are available.

The present establishment consists of a Superintendent Health Visitor, who also supervises the school nursing work, 2 Clinic Nurses, 1 Tuberculosis Health Visitor, 1 Health Visitor for Elderly People, and 12 Health Visitors/School Nurses, making a total of 17.

Each of the 12 Health Visitors is responsible for a district and based on the estimated figures for the year 1957, the average case load of the 0-14 years age group is 1,175.

Other work which falls to the lot of the Health Visitor is that of dealing with the non-medical after-care of patients discharged from Hospital, the arranging of home help and similar duties.

The following table shows the work done by the Health Visitors during 1957:—

	First Visits	Revisits	Total Visits
Expectant Mothers	768	719	1,487
Children under 1 year—			
Routine	974	6,755	7,729
Prematurity	8	27	35
Stillbirth	10	—	10
Illness	—	5	5
Miscellaneous	11	178	189
	1,003	6,965	7,968
Children 1 to 2 years—			
Routine	9	4,148	4,157
Illness	—	7	7
Miscellaneous	—	47	47
	9	4,202	4,211
Children 2 to 5 years—			
Routine	19	6,400	6,419
Illness	—	14	14
Miscellaneous	—	112	112
	19	6,526	6,545
Other Cases—			
Infectious Disease	6	17	23
Other Illness	4	7	11
Old People	364	1,514	1,878
Miscellaneous	209	111	320
	583	1,649	2,232
SUMMARY			
EXPECTANT MOTHERS	768	719	1,487
CHILDREN UNDER 1 YEAR	1,003	6,965	7,968
CHILDREN AGED 1 TO 2 YEARS	9	4,202	4,211
CHILDREN AGED 2 TO 5 YEARS	19	6,526	6,545
OTHER CASES	583	1,649	2,232
TOTALS	2,382	20,061	22,443

In addition, the Health Visitors made the following attendances at Clinics and Centres:—

Attendances at Welfare Centres	...	...	...	...	...	...	...	781
Attendances at the Post-Natal Clinic, 44 Hoghton Street	...	...	...	...	...	...	...	48
Attendances at B.C.G. Clinics	...	...	...	...	...	...	...	31
Attendances at the Geriatric Out-Patients' Clinic, Promenade Hospital	...	...	...	...	...	...	...	41
Attendances at the Paediatric Clinic and	...	...	...	...	...	...	...	100
Attendances at the V.D. Clinic, both of which are held at the Southport Infirmary								40
								<hr/>
Total number of clinic attendances made by Health Visitors	...	...	...	...	...	...	...	1041
								<hr/>

HOME NURSING

The Southport and Birkdale District Nursing Society continued to provide the Home Nursing Service on behalf of the Health Authority under the arrangements which were agreed when the National Health Service came into operation in July, 1948. This service is noteworthy for the friendly spirit of co-operation which exists between the Voluntary Society and the Health Authority, and there is no doubt that the District Nurses are making a very valuable contribution to the town's Health Services.

The local Health Authority is responsible for the reimbursement of all expenditure incurred by the Society in providing the service. The general direction is controlled by a Joint Sub-Committee, five members being appointed by the Society, and five members by the local Health Authority. The Joint Sub-Committee meets at intervals to receive reports of the work done and to approve the refund of expenditure to the Society. The advice of the Medical Officer of Health is always available to the Matron and there is close co-operation, particularly in regard to the appointment of nursing staff; monthly reports of the work done and staff available are sent to the Medical Officer of Health by the Matron.

The Nursing Staff at the end of the year consisted of 1 Superintendent, and 16 District Nurses; 5 Nurses, including the Superintendent were resident in the District Nurses' Home, while the remaining 12 were non-resident. Five motor cars are available, one being allocated to the Superintendent, the other four being used by the District Nurses. The remaining Nurses use bicycle and public transport.

Requests for nursing assistance are made direct to the Superintendent of the Home Nursing Service at the Nurses' Home or to the Superintendent Health Visitor at the Health Department. No arrangements exist to provide a night service but urgent calls out of ordinary working hours are attended to.

The home nursing of sick children is undertaken by the Nurse for the particular district and no one Nurse is required to specialise in children's work.

There is an increasing trend on the part of general medical practitioners to require District Nurses to make visits for the purpose of giving injections, chiefly of antibiotics.

The following statement shows the work done during 1957:—

	Classification of Cases						TOTALS
	(1)	(2)	(3)	(4)	(5)	(6)	
No. of Cases on Register at commencement of period	340	77	—	4	—	—	421
Add No. of New Cases during period	1,681	299	41	27	18	—	2,066
TOTALS	2,021	376	41	31	18	—	2,487
Deduct No. of cases discontinued during period	1,589	263	40	25	18	—	1,935
No. of Cases on Register at end of period	432	113	1	6	—	—	552
Total No. of Visits made	48,960	5,038	279	1029	137	—	55,443

Classification of Cases:—

1. Medical. 2. Surgical. 3. Infectious Diseases. 4. Tuberculosis. 5. Maternal Complications.
6. Others.

	No. of Cases	No. of Visits
(a) Number of new patients included above who were aged 65 or over at the time of the first visit during the year	1,148	6,830
(b) Number of children included above who were under 5 years of age at the time of the first visit during the year	60	525
(c) Number of patients included above who have had more than 24 visits during the year	432	36,892

The following table records the visits made during the last six years:—

Year	Total number of patients visited					Total number of visits				
1952
1953
1954
1955
1956
1957

DIPHTHERIA IMMUNISATION

When a baby has attained the age of 4 months, a letter is sent to the mother strongly advising her to arrange for the immunisation of her child. In addition, the Health Visitors are required to visit all mothers whose babies have not been immunised and to make every effort to ensure that the infant is protected against this disease. Posters and leaflets are displayed at Welfare Centres and all children admitted to the Day Nurseries must be immunised.

Follow-up letters are sent at the appropriate times, stressing the need for “re-inforcing” injections to maintain immunity throughout school life. Particulars are obtained from the school each year showing the names of children not immunised and the School Nurses visit the mothers of such children with a view to persuading them to accept immunisation.

In addition to the work done by the General Medical Practitioners, regular immunisation sessions are held at the Health Department and children are also protected in this way at the Welfare Centres.

The following table shows the number of children who received a full course of primary immunisation or a re-inforcing injection during the year:—

	Primary Immunisations	Re-Inforcing Injections
CHILDREN AGED—		
(a) Under 1 year	534	—
(b) 1 to 4 years	148	22
(c) 5 to 14 years	25	495
TOTALS	707	517
DONE BY:—		
(a) General Practitioners	377	215
(b) Health Department's Staff	330	302
TOTALS	707	517

The percentage of children immunised at the end of 1957 is shewn below, together with similar figures for the previous year:—

	1957			1956		
	Age Groups			Age Groups		
	0—4	5—14	Total 0—14	0—4	5—14	Total 0—14
Total number of children who had completed full course of primary immunisation at any time up to the 31st December	2,670	8,232	10,902	2,660	8,260	10,920
Estimated child population (Mid-Year)	4,400	9,700	14,100	4,400	9,700	14,100
Percentage of children immunised...	60·68	84·87	77·32	60·45	85·15	77·44

Immunity Index

(i.e., Percentage of children fully protected at the end of the year)

Age Group	1957	1956
Under 1 year	9·25	10·21
1—4 years	74·47	73·72
5—14 years	46·87	47·22
0—14 years	51·17	51·34

SMALLPOX VACCINATION

Smallpox vaccination was continued by the General Medical Practitioners as in the previous year on the same lines as for the diphtheria immunisation scheme.

Vaccination was also carried out at Welfare Centres and at the Health Department.

During the course of their normal visits, the Health Visitors are required to stress the importance of smallpox vaccination when the baby has attained the age of 3 months. Similar advice is also given at the appropriate times to mothers attending the Welfare Centres; information leaflets are distributed at the Centres and also during the course of home visits.

The following table shows the number of persons vaccinated and re-vaccinated in 1957 and the previous year:—

	1957						1956					
	Age Groups						Age Groups					
	Un- der 1 yr.	1—2	2—4	5—14	15 and over	Total	Un- der 1 yr.	1—2	2—4	5—14	15 and over	Total
Number of persons (a) Vaccinated	407	34	37	47	104	629	216	173	31	28	75	523
(b) Revaccinated	—	—	12	36	312	360	—	—	8	29	216	253

WHOOPING COUGH IMMUNISATION

Until 1954 whooping cough immunisation had been carried out at the Welfare Centres and the Health Department, but only at the specific request of the parents of the child.

Extended arrangements in co-operation with the General Medical Practitioners were made during 1954 when 839 children were immunised against whooping cough, a figure which proved that this provision had been welcomed by parents and doctors. A further 693 children have been immunised during the year under review.

Two children immunised in 1954, and one in 1956 with combined diphtheria, pertussis prophylactic were notified as having had Whooping Cough during the year but no notifications were received in respect of children who had been immunised with whooping cough prophylactic only.

AMBULANCE SERVICE

The Ambulance Service continues to be operated by the Fire Brigade under the direct control of the Fire and Ambulance Service Committee, although matters of policy are referred to the Health Committee and monthly information reports in respect of the Ambulance Service are submitted to that Committee.

The Chief Fire Officer is also the Ambulance Officer. The Fire Brigade establishment is augmented by 18 men in consequence of the Ambulance Service commitments, but all personnel of the Brigade take part in both fire and ambulance duties.

The Service operates a fleet of 8 ambulances and 2 sitting case cars, and a summary of the work done, with comparative figures from 1952, is set out below.

	1952	1953	1954	1955	1956	1957
Total No. of Cases ...	23,499	26,275	28,651	29,303	28,845	28,399
Other Work	612	654	715	710	584	576
GRAND TOTAL ...	24,111	26,929	29,366	30,013	29,429	28,975
Mileage*	122,395	123,554	128,818	120,171	111,548	107,596
*Analysis of Mileage:						
(a) Inside the Boro.	71,374	77,040	77,544	78,015	75,130	74,812
(b) Outside the Boro.	51,021	46,514	51,274	42,156	36,418	32,784
	122,395	123,554	128,818	120,171	111,548	107,596

Until 1956 there was a steadily increasing demand on the Service since 1949, but some success has been achieved in reducing the mileage in relation to the number of patients by the installation of radio control, and the establishment of a close liaison between the control room attendants at the Fire Station and the Almoner's Departments at the Infirmary and Promenade Hospital.

Requests for ambulance transport from hospitals are usually directed through the Almoner's office and written certification is required in respect of all out-patient journeys, although for the sake of convenience weekly certification sheets are accepted.

Requests for ambulance transport from doctors are accepted by telephone and written certification is not normally required, although the right is reserved to request written certification in unusual cases. These are usually referred by the Chief Ambulance Officer to the Medical Officer of Health for investigation. In respect of emergency cases, however, calls are accepted without question from any source.

Some 100 cases are transported each weekday and by far the largest number of these are out patients travelling to and from the Promenade Hospital and General Infirmary for treatment. The volume of these cases depends on the incidence of clinics and the attendance of specialists. There are certain busy days and certain busy times on those days. To be able to operate a fixed time schedule a considerable number of vehicles and men would be required: the personnel would be very much occupied at the busy times but at others the service would be overstaffed. For example, there are heavy commitments at approximately 9 a.m. each morning taking patients to treatment centres, at lunch time taking them home, immediately after lunch for the afternoon patients and again at tea time.

To use the men and vehicles to the best advantage a priority system is operated, namely, emergency cases first, admissions to hospital second, discharge from hospital third, out patients to hospital fourth, and out patients to their homes last. Persons in the last two categories may experience some delay. There are many factors outside the control of the watchroom staff which influence the availability of ambulances, e.g., emergency calls, vehicle breakdowns, etc.

PREVENTION OF ILLNESS—CARE AND AFTER-CARE

General—The general work done in regard to prevention of illness, care and after-care, is shown in the sections of this report dealing with the Health Visiting, Mental Health and Tuberculosis Services.

Sick-Room Equipment—As in the previous year, this Service continued to be dealt with by the Southport and Birkdale District Nursing Society. A small charge is made for the hire of the equipment, but in cases of hardship the fee may be reduced or cancelled.

During 1957 sick-room equipment was supplied to 231 patients as compared with 233 in the previous year.

Diphtheria Immunisation—The publicity scheme in regard to diphtheria immunisation was continued throughout 1957 as in previous years. The arrangements are:—

- (a) Leaflets and posters are distributed to Welfare Centres and School Clinics.
- (b) When a baby has attained the age of 4 months a letter is sent to the mother strongly advising her to arrange for the immunisation of her child. In addition, the Health Visitors are required to visit all mothers whose babies have not been immunised and make every effort to ensure that the infant is protected against the disease.
- (c) In regard to children who have already been immunised, further letters are sent to the parents at the appropriate times stressing the importance of “re-inforcing” injections being given to maintain the state of immunity throughout the years the child is attending school.
- (d) Particulars of schoolchildren who have not been immunised are also obtained at the time of the routine medical inspections and these cases are followed-up by the staff of the department.

Sick Room Helpers’ Scheme—The object of this service is to provide assistance to households where one of the family is ill and the responsibility of caring for the patient is causing anxiety and distress to the other members of the home. In particular, this service is intended to give help in the following circumstances:—

- (a) Where a patient is living alone and there is no help, or where nursing care is only available at odd times, e.g., from neighbours.
- (b) Where the responsibility for the nursing of the patient falls entirely on one other member of the household.

In such cases the patient may be seriously ill, and yet for one reason or another early admission to hospital may not be possible. The nursing of the patient may then be a considerable strain on the other member or members of the household, and any relief which can be given, even if only of a temporary nature, may be of considerable help.

The Sick Room Helper takes her instructions from the doctor or district nurse attending the case, and she carries out the normal nursing care which ordinarily would be done by relatives or friends if they were available.

The full cost for the service is 3s. 0d. per hour, but this fee may be reduced or cancelled in cases of financial hardship.

During 1957, sickroom help was provided for 22 patients, as compared with 30 in the previous year.

Welfare Centres—Posters, leaflets and other publicity material relating to general health and hygiene measures were supplied to all the Welfare Centres during the year.

The “Mothers’ Club” at Hampton Road Welfare Centre held evening meetings during the winter months and in addition to social activities, various classes were organised dealing with subjects which are of special interest to mothers who have young children in their families, e.g., cooking, sewing and dressmaking, etc.

This Club forms a useful link with the normal medical and nursing work which is done at the Centre.

Co-operation with Hospitals—Throughout the year, the Almoners of the local Hospitals continued to refer the names of patients to the Health Department where the services of a district nurse or home help seemed to be required. A total of 175 patients was dealt with in this manner and the necessary help was arranged as compared with 148 patients in the previous year.

The members of the Health Visiting staff attended certain hospital clinics and these arrangements have formed an invaluable link between the hospital service and the home visiting which is done by the Health Visitors. The hospital clinics concerned are as follows:—

1. Post-natal clinic held at 44 Hoghton Street.
2. Geriatric clinic held at the Promenade Hospital.
3. Paediatric clinic held at the Southport Infirmary.
4. V.D. clinic held at the Southport Infirmary.
5. Tuberculosis (Patients) clinic held at the Southport Infirmary.

The Medical Officer of Health continued to be in consultant charge of the infectious disease beds at the New Hall Hospital; the Deputy Medical Officer of Health and one of the two Lady Assistant Medical Officers helped with the fever hospital work. The other Assistant Medical Officer attended the Paediatrician's Clinic at the Southport Infirmary at weekly intervals and the exchange of information has been very helpful.

By arrangement with the Liverpool Regional Hospital Board, the Senior Hospital Medical Officer at the New Hall Sanatorium continued to give three-elevenths of his time to preventive medical work in connection with tuberculosis.

The Medical Officer of Health and the Deputy Medical Officer of Health are members of the Medical Advisory Board to the local Hospital Management Committee and the Medical Officer of Health also acts as Honorary Secretary to the Medical Advisory Board.

Convalescent Homes—In July, 1954, the Council agreed that the Section 28 Scheme should be extended to enable convalescent care to be provided. This service is only provided on the recommendation of the patient's General Practitioner and it is not intended for those patients who can be provided with convalescent care under the local Hospital Management Committee's scheme.

During the year, 14 patients were sent to Convalescent Homes, the details being as follows:—

1.	Male	4 weeks	Following Bronchitis.
2.	Female	4 „	Congenital lesion and debility.
3.	„	2½ „	Post cardiac debility.
4.	„	2 „	Chronic case of mild bilateral bronchiectasis.
5.	Male	4 „	Parkinsons disease.
6.	Female	2 „	Debility—duodenal ulcer.
7.	„	2 „	Hypertension and bronchitis.
8.	Male	2 „	Debility following primary T.B. lesion.
9.	Female	2 „	Arthritis of spine, anaemia and chronic bronchitis.
10.	„	2 „	General debility.
11.	„	2 „	Anaemia and general debility.
12.	„	2 „	General debility.
13.	„	3 „	Following Hospital Treatment.
14.	Male	2 „	Following influenza.

HOME HELP SERVICE

The services of a Home Help can be provided in the following circumstances:—

- (a) When a person is ill.
- (b) For expectant and nursing mothers.
- (c) For elderly persons who are infirm or ill.
- (d) To households where there is a mental defective in the family; and
- (e) In any case when it is considered that the services of the Home Help would relieve anxiety and distress.

The maximum charge for the service is 3s. 6d. per hour, but on application being made this fee may be reduced or cancelled in cases of financial hardship. All the helps are part-time; the amount of time each can devote to the work has varied according to their domestic circumstances, as many of them are married women with families.

The following statement shows the work done by the Service during 1957:—

	Classification of Cases					Total
	Maternity	Sickness	Old Age	Infectious Disease	Mental Illness	
No. of Cases on register at beginning of year	3	54	170	1	1	229
No. of New Cases during year	35	90	132	2	2	261
No. of Cases discontinued during year	38	144	302	3	3	490
	37	73	124	2	2	238
No. of Cases on register at end of year ...	1	71	178	1	1	252
No. of Applications received... ..	38	94	137	2	2	273
No. of Cases assisted	35	90	132	2	2	261
No. of Cases not assisted	3	4	5	—	—	12*

*In 12 Cases the request for help was withdrawn by the applicants.

Number of Helps employed at beginning of year (all part-time)	41
Number appointed during year (23 part-time and 1 full-time)	24
	65
Number leaving during year (all part-time)	19
	46
Number of Helps employed at end of year (45 part-time and 1 full-time)	46
Number of visits to homes by Organiser	1,252
Number of persons interviewed at Office	952

The following statement shows how the work has increased during the last six years:

	1952	1953	1954	1955	1956	1957
Number of households provided with Home Helps	272	304	352	414	462	490
Number of hours worked by Home Helps	20,392	22,923	35,700	41,700	48,350	64,000

It will be seen that the number of households helped has increased by 80% from 272 in 1952 to 490 in 1957, and that the number of hours worked has increased by 214% from 20,392 to 64,000 in the same period. It should also be noticed that the average amount of help supplied to each household has also increased during this period from 71 hours per household in 1952 to 104 hours per household in 1957.

MENTAL HEALTH SERVICE

Sub-Committee—Ten members of the Council serve as a Mental Health Sub-Committee and one of these members is a doctor; in addition, a medical practitioner has also been co-opted on to this Sub-Committee to provide a link between the general medical service of the town and the Health Authority's service.

Duties of the local Health Authority: The duties of the local Health Authority in regard to mental health are:—

- (a) The initial care and removal to hospital of persons who are suffering from mental illness and who are dealt with under the Lunacy and Mental Treatment Acts.
- (b) The ascertainment and, where necessary, removal to institutions of mental defectives and the supervision, guardianship and training of those mental defectives who remain in the community, and
- (c) The care and after-care of all types of patient, including arrangements for the prevention of mental illness.

Mental Illness—Although difficulties were experienced from time to time during the year in obtaining hospital accommodation for patients suffering from mental illness, the general arrangements were adequate. The Duly Authorised Officers have to maintain a twenty-four hour service as a request for help may be received at any time of the day or night. It will also be realised that when the initial enquiries are made by the Duly Authorised Officers much tact and patience is required and for this reason, one case may occupy their time for many hours before it is brought to a satisfactory conclusion.

When patients have been discharged from hospital, notification is sent to the Health Department so that the necessary arrangements can be made for "follow-up" visits. This is an important feature of the work of the Duly Authorised Officers as they can make sure that the patient is aware of the help which can be given. Through his or her contact with the Health Department's staff, the patient also realises that friendly advice and assistance are easily available, should they be required.

The work in regard to mental illness includes the preparation of case notes for the hospital on the admission of a patient and home reports before discharge are also required.

Mental Deficiency—The shortage of institutional accommodation is still a grave problem throughout the country. Only the most urgent and difficult cases can therefore be admitted to Mental Deficiency Hospitals and delays occur causing hardship for parents and relatives. The Health Authority's responsibility for the ascertainment, supervision, guardianship and training of defectives is thus increased. Most Authorities now take the view that wherever possible mentally retarded persons should be kept at home rather than be cared for in hospitals. There is no doubt that in sheltered employment many such persons are able to do good work as is evident by the articles produced in the occupational therapy classes.

Regular medical and dental inspections of those attending for training were carried out.

Close co-operation is also maintained between the Health Authority staff and the Disablement and Re-Settlement Officers in order to rehabilitate those who can be trained to be self-supporting in the future.

The Mental Health Visitors' supervisory work in connection with mental defectives on the district was continued as in the previous year and periodical progress reports were also prepared for those defectives who were on licence from institutions.

In August, 1954, the Council agreed that the Section 28 Scheme should be extended to enable short-term care to be provided for mental defectives. This service is intended to help parents and relatives when they are in urgent need of relief from caring for a mentally defective person and temporary accommodation in a hospital or institution is not available.

During the year 1957, one defective was dealt with in this way and the details are as follows:—

Boy aged 2 classified as an epileptic idiot provided with short-term care for a period of eight weeks whilst awaiting residential accommodation.

The arrangements for short-term care in Hospital, by agreement with the Regional Hospital Board, are of great benefit.

The following statistics show the cases dealt with during 1957:—

(A) MENTAL ILLNESS (Lunacy and Mental Treatment Acts, 1890 to 1930)	Male	Female	Total
(1) Number of Admissions to Hospital:—			
for observation—Sec. 20 Lunacy Act, 1890... ..	43	63	106
for observation—Sec. 21(1) do.	4	4	8
as urgent patients—Sec. 11 do.	1	—	1
as certified patients—Sec. 16 do.	—	2	2
as certified private patients—Sec. 4, 5 and 6 do.	—	—	—
as voluntary patients—Sec. 1 Mental Treatment Act, 1930	28	59	87
as temporary patient—Sec. 5 do.	4	3	7
TOTALS	80	131	211
(2) Number of admissions to mental hospitals from observation wards at County Hospital, Ormskirk	11	28	39
(3) Number of certifications for continued detention of patients already in County Hospital, Ormskirk... ..	3	2	5
(4) Number of cases referred to the department for investigation during the year	175	282	457
(5) Action taken in regard to cases mentioned in (4) above:—			
admitted to hospital for observation (of these, 44 were subsequently certified)	47	67	114
admitted to hospital as voluntary patients	28	59	87
referred to Psychiatric Out-Patients' Clinic	33	53	86
referred to Welfare Service	10	12	22
admitted to hospital as senile dementia cases	15	22	37
no further action indicated after investigation	42	69	111
TOTALS	175	282	457
(6) Total number of visits made by Duly Authorised Officers:—			
(a) After-Care Visits	190	257	447
(b) All Other Visits	434	677	1111
TOTAL NUMBER OF VISITS ...	624	934	1558
(7) Total number of discharges and deaths from mental hospitals notified during 1957:—			
(a) Discharges	62	117	179
(b) Deaths	25	32	57

In addition, the Duly Authorised Officers dealt with 465 enquires at the Health Department.

(B) MENTAL DEFICIENCY (Mental Deficiency Acts, 1913-1938)						Under age 16		Aged 16 and over	
						M.	F.	M.	F.
(1) PARTICULARS OF CASES REPORTED DURING 1957:—									
(a) Cases at 31st December, 1957, ascertained to be defectives “subject to be dealt with”									
Number in which action taken on reports by:—									
(1) Local Education Authorities on children									
(i) While at school or liable to attend school... ..						—	1	—	—
(ii) On leaving special schools... ..						—	—	—	—
(iii) On leaving ordinary schools						1	1	—	—
(2) Police or by Courts						—	—	—	—
(3) Other sources						2	2	3	1
(b) Cases reported who were found to be defectives but were not, at 31st December, 1957, regarded as “subject to be dealt with” on any ground						—	—	—	—
(c) Cases reported who were not regarded as defectives or in which action was incomplete at 31st December, 1957, and are thus excluded from (a) or (b)						1	—	—	—
TOTAL ...						4	4	3	1
(2) DISPOSAL OF CASES REPORTED DURING 1957:—									
(a) Of the cases ascertained to be defectives “subject to be dealt with” (i.e., at (1)(a)), number:—									
(i) Placed under Statutory Supervision						2	3	1	—
(ii) Placed under Guardianship						—	—	—	—
(iii) Taken to “Places of Safety”						—	—	1	1
(iv) Admitted to Hospitals... ..						1	1	1	—
(b) Of the cases not ascertained to be defectives “subject to be dealt with” (i.e., at (1)(b)), number:—									
(i) Placed under Voluntary Supervision						—	—	—	1
(ii) Action unnecessary						—	—	—	—
TOTAL ...						3	4	3	2
(3) NUMBER OF MENTAL DEFECTIVES FOR WHOM CARE WAS ARRANG- ED BY THE LOCAL HEALTH AUTHORITY UNDER CIRCULAR 5/52 DURING 1957, AND ADMITTED TO:—									
(a) National Health Service Hospitals						1	1	—	—
(b) Elsewhere						1	—	—	—
TOTAL ...						2	1	—	—
(4) TOTAL CASES ON AUTHORITY’S REGISTER AT 31/12/57:—									
(i) Under Statutory Supervision						9	10	11	19
(ii) Under Guardianship						—	—	—	1
(iii) In “Places of Safety”						2	—	1	—
(iv) In Hospitals						5	2	58	40
(v) Under Voluntary Supervision						—	—	7	9
TOTAL ...						16	12	77	69
(5) NUMBER OF DEFECTIVES UNDER GUARDIANSHIP ON 31ST DECEM- BER, 1957, WHO WERE DEALT WITH UNDER THE PROVISIONS OF SECTION 8 OR 9, MENTAL DEFICIENCY ACT, 1913 (included in (4)(ii)):						—	—	—	—
(6) CLASSIFICATION OF DEFECTIVES IN THE COMMUNITY ON 31/12/57 (according to need at that date):—									
(a) Cases included in (4)(i)—(iii) in need of hospital care and reported accordingly to the hospital authority									
(1) In urgent need of hospital care:—									
(i) “cot and chair” cases						1	—	—	—
(ii) ambulant low grade cases						2	—	1	—
(iii) medium grade cases						—	—	—	1
(iv) high grade cases						—	—	—	1
TOTAL urgent cases ...						3	—	1	2

						Under age 16		Aged 16 and over	
						M.	F.	M.	F.
(2) Not in urgent need of hospital care:—									
(i)	"cot and chair" cases	...	...	...	...	—	—	—	—
(ii)	ambulant low grade cases	...	...	...	...	1	—	1	1
(iii)	medium grade cases	...	...	...	...	—	—	—	—
(iv)	high grade cases	...	...	...	...	—	—	—	—
TOTAL non-urgent cases						1	—	1	1
TOTAL urgent and non-urgent cases						4	—	2	3
(b) Of the cases included in items (4)(i), (ii) and (v), number considered suitable for:—									
(i)	occupation centre	...	...	...	...	7	6	7	9
(ii)	industrial centre	...	...	...	...	—	—	—	—
(iii)	home training	...	...	...	...	—	—	—	—
TOTAL						7	6	7	9
(c) Of the cases included in (6)(b), number receiving training on 31/12/57:—									
(i)	In occupation centre	...	...	...	...	7	6	7	9
(ii)	In industrial centre	...	...	...	...	—	—	—	—
(iii)	At home	...	...	...	...	—	—	—	—
TOTAL						7	6	7	9

(7) NUMBER OF HOME VISITS MADE BY MENTAL HEALTH VISITORS DURING 1957 TO CASES UNDER STATUTORY SUPERVISION, GUARDIANSHIP OR ON LICENCE FROM INSTITUTIONS ... 433

Training of Mentally Handicapped Persons

Southport Occupation Centre

Number of cases on Register at beginning of year	...	...	...	...	37
Number of cases added to Register during year	...	...	...	...	11
					48
Number of cases taken off Register during year	...	...	...	...	4
					44
Number of cases on Register at end of year	...	...	...	...	211
Number of sessions held during year	...	...	...	...	6,781
Number of attendances at Centre during year	...	...	...	...	32
Average attendance per session	...	...	...	...
Kinds of training provided:—					

Physical and rhythmic training, handwork, sense training, woodwork, singing, games, dramatisation, dancing and stories.

Three children were attending at the end of the year from the County area, for whom a charge is made by arrangement with the Lancashire County Council.

Part IV

SANITARY CIRCUMSTANCES

OF THE AREA

Water Supply
Public Baths
Public Mortuary
Sanitary Inspection
Factories
Rodent Control
Summary of Visits
Inspection of Rag Flock and other Filling Materials
Smoke Abatement
Housing

SANITARY CIRCUMSTANCES OF THE AREA

Water—The water supply is maintained by the Southport and District Water Board, which is a combination of the local authorities of the County Borough of Southport, the Urban District of Formby, and the West Lancashire Rural District. The Board supplies water within the area of these three authorities and also in part of the Ormskirk Urban District.

There are five pumping stations owned by the Water Board, and these are situated six to ten miles south-east of the town. The water from Scarth Hill does not come into Southport.

The wells and boreholes are all over 200 feet deep. Owing to the depth of the wells and the nature of the strata the possibilities of contamination are remote. The water has no plumbo-solvent action, and although somewhat hard is exceptionally pure, both chemically and bacteriologically. The water from the Blundell House pumping station (opened in July, 1934) shows a marked difference from the others, being a much softer supply.

The Water Board's scheme for additional supplies from deep boreholes at Mill Brow (Scarisbrick) and Primrose Hill (Halsall) has been much delayed by the restrictions on capital expenditure. Substantial progress is now being made, however. The continually increasing demand for water for domestic and other essential purposes can only be met by maintaining the ban on the use of hosepipes for gardens and car washing. The highest day's consumption ever recorded, 6,626,000 gallons, was on June 17th, 1957.

Examination of samples of water from the new borings indicate that the bacterial purity will be fully equal to the high standard of the existing sources.

Samples of the water are taken regularly.

Chemical Analysis, 9th December, 1957

										Parts per Million
Total solid matter in solution	...	...	...	...	...	...	...	...	...	444
Oxygen absorbed	}	in 15 minutes		...	...	...	...	...	...	0·08
from Permanganate		in 3 hours		...	...	...	...	...	...	0·20
Ammonia	...	...	...	...	...	...	...	...	...	Nil
Albuminoid Ammonia	...	...	...	...	...	...	...	...	...	Nil
Nitrogen as Nitrates	...	...	...	...	...	...	...	...	...	0·06
Nitrogen as Nitrites	...	...	...	...	...	...	...	...	...	Nil
Combined Chlorine	...	...	...	...	...	...	...	...	...	30
Free Chlorine	...	...	...	...	...	...	...	...	...	Nil
Lead	...	...	...	...	...	...	...	...	...	Nil
Carbonate Hardness (as Calcium Carbonate)	...	...	...	...	...	...	...	...	...	244
Total Hardness (as Calcium Carbonate)	...	...	...	...	...	...	...	...	...	310

(p.H. value: 7.2)

Bacteriological Examination, 23rd October, 1957

Number of Bacteria on agar at 37° C. for 48 hours	...	...	=	0 per 1 c.c.
B. Coli in water examined	...	...	=	0 per 100 c.c.
Total coliform organisms in water examined	...	...	=	0 per 100 c.c.
Class 1: Highly satisfactory.				

Thanks are due to Mr. N. B. Bennett, A.M.INST.C.E., M.INST.W.E., the Water Board Engineer and Manager, for providing the following statement of analyses made of the water obtained from the various pumping stations.

**Analyses of Samples of Water taken from the Pumping Stations,
21st August, 1957**

	Halsall Lane P.S.	Springfield P.S. (Filtered)	Bickerstaffe P.S. (Filtered)	Blundell House P.S. (Filtered)
Chemical Results in parts per million				
Appearance... ..	Bright	Bright	Bright	Bright
Colour	Nil	Nil	Nil	Nil
Odour	Nil	Nil	Nil	Nil
Reaction pH	7·1	7·14	7·3	7·1
Free Carbon Dioxide	32	23	33	24
Electric Conductivity at 20°C.	480	640	760	375
Total Solids dried at 180°C.	320	435	560	260
Chlorine in Chlorides	25	36	23	28
Nitrogen in Nitrates	1·9	0·0	0·0	0·0
Nitrites	Absent	Absent	Absent	Absent
Metals	Manganese 0·03	Absent	Iron 0·03	Iron less than 0·03
Ammoniacal Nitrogen	0·000	0·000	0·021	0·000
Albuminoid Nitrogen	0·000	0·000	0·000	0·043
Oxygen absorbed in 4 hours at 27°C.	0·00	0·00	0·40	0·30
Hardness: Permanent	65	70	130	40
Temporary	180	260	300	140
Total	250	330	430	180
(Total Hardness:— Degrees Clarks Scale)	17·5	23·1	30·1	12·6
Bacteriological Results				
Number of Colonies developing:— On Agar per c.c. in 3 days at 20°C.	9	1	1	23
1 day at 37°C.	0	0	0	0
2 days at 37°C.	0	1	0	0
Presumptive Coli-aerogenes Reaction				
Present in	—	—	—	—
Absent from	100 c.c.	100 c.c.	100 c.c.	100 c.c.
Bact-coli (Type 1)				
Present in	—	—	—	—
Absent from	100 c.c.	100 c.c.	100 c.c.	100 c.c.
Clostridium Welchii Reaction				
Present in	—	—	—	—
Absent from	100 c.c.	100 c.c.	100 c.c.	100 c.c.

Report

The samples were reported as being bright in appearance and free from metals, excepting neglible traces of iron and manganese. The waters vary from hard to very hard in character but contain no excess of saline or mineral constituents in solution. The results are indicative of a wholesome water suitable for public supply purposes, and of the highest standard of organic and bacterial purity.

Houses supplied from other sources than the Town's supply:— Eight houses continue to be supplied from seven shallow wells adjacent to the premises.

Public Baths—The Victoria Baths near the Pier have ample bathing accommodation, which in addition to three sea-water swimming baths, comprises 45 Slipper Baths, two “Zotofoam” and “Pine Bubble” Baths, and a suite of Turkish and Russian Baths. The number of attendances during the twelve months ending 31st December, 1957, was 231,063.

The large Open-Air Bathing Lake in Princes Park is available for mixed bathing, and has a water surface of over 55,000 square feet. The Bathing Lake was visited by 216,310 persons during the year, of which approximately two-thirds were bathers.

The sea water supplied to these baths is so treated by filtration and chlorination that the bath water proves to be of exceptional purity. The bacteriological findings in regard to samples from these baths taken on 24th June, 1957, are as follows:—

Summary of Findings	Bathing Lake	Victoria Baths
Organisms capable of growth at 37°C.	2	1
Organisms capable of growth at Room Temperature ...	0	0
B. coli per 100 c.c.	0	0
Streptococci from 10 c.c.	0	0
Cl. Welchii	0	0

The smaller Baths at Canning Road and Compton Road continued to be freely used.

The Canning Road Baths had an attendance of 5,955 during the year ending 31st December, 1957, and the Compton Road Baths an attendance of 5,374.

PUBLIC MORTUARY

The improvement of the Mortuary facilities in the town, completed in July, 1956, comprised adaptations to two buildings, one of which is used as a mortuary and the other for the purpose of carrying out post-mortem examinations. The modern equipment installed at the time has proved satisfactory.

The facilities were used on one hundred and seventy-seven occasions and one hundred and thirty-one post-mortem examinations were carried out during the year.

SANITARY INSPECTION OF THE AREA

Drainage—Complaints received regarding choked and defective drainage systems of houses numbered 1,683 and the necessary cleansing, repairs and alterations were supervised. Twelve properties, previously without adequate drainage, have been connected to the public sewer in the Kew area and have been provided with modern sanitation during the year.

Household Refuse—The work of collection and disposal of refuse is the responsibility of the Borough Engineer’s Department.

Pest Control—Vermin (other than rodents). The department has continued throughout the year to assist and advise on the control of insect pests. The measures employed included spraying with insecticides, and the use of powder insecticides.

Shops—The administration of the Shops Act is carried out by the Weights and Measures Department. Defects under Section 38 of the Shops Act, 1950, have been referred to the Public Health Department and have been dealt with. The number of inspections made during the year totalled 17.

Schools—The regular inspections of the sanitary arrangements at the schools have continued, and the standard of cleanlinesss has been well maintained.

Hostel—One common lodging house exists in the Borough, and has been visited on twenty-eight occasions. The conditions under which this house is conducted have on the whole been satisfactory.

FACTORIES

Statistical information, prepared in the manner required by the Ministry of Labour and National Service is shown as follows:—

Factories Acts, 1937 and 1948 (Part I).

1.—**INSPECTIONS** for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises	Number on Register	Number of (3) Inspections (4) Written Notices (5) Owners Prosecuted		
(1)	(2)	(3)	(4)	(5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ...	277	156	7	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority...	741	462	16	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority* (excluding out-workers' premises)	10	7	2	—
TOTAL	1,028	625	25	—

*i.e., Electrical Stations (Section 103 (1)), Institutions (Section 104) and sites of Building Operations and Works of Engineering Construction (Sections 107 and 108).

2.—**CASES IN WHICH DEFECTS WERE FOUND.**

Particulars (1)	Number of cases in which defects were				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1)	7	7	—	1	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)...	—	—	—	—	—
Inadequate ventilation (S.4) ...	1	1	—	1	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient	1	1	—	—	—
(b) Unsuitable or defective ...	4	4	—	—	—
(c) Not separate for sexes ...	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	12	12	—	—	—
TOTAL	25	25	—	2	—

O U T W O R K						
Nature of Work	Section 110			Section 111		
	(2) Number of outworkers in August list required by Section 110(1)(c).			(5) Number of instances of work in unwholesome premises.		
	(3) Number of cases of default in sending lists to the Council.			(6) Notices served.		
	(4) Number of prosecutions for failure to supply lists.			(7) Prosecutions.		
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing Apparel:— Making, etc. ...	49	—	—	—	—	—
TOTAL	49	—	—	—	—	—

RODENT CONTROL

Apart from the vast amount of destruction caused by mice and rats, rodents may be carriers of disease germs, which can be transmitted to man by the contamination of food. It is consequently of the utmost importance that all practical steps be taken to eliminate these rodents.

Under the Prevention of Damage by Pests Act of 1949, the Local Authority is charged with the responsibility of carrying out such inspections and surveys as may be necessary to ascertain that land (which includes land covered with water and any building or part of a building) within their district is kept free of rodents. It is the duty of occupiers to notify the Local Authority in writing if rats or mice are found in substantial numbers on their premises or land. The occupier is responsible for the work of disinfection of his property; the services of an operator are available on application.

During the year, at the request of the Ministry of Agriculture, Fisheries and Food, a 10% test-baiting of all the sewers in the Borough was carried out.

In every case, the bait used remained untouched, indicating that the sewers of the town are free from rat infestation.

Prevention of Damage by Pests Act, 1949

	TYPE OF PROPERTY				
	NON-AGRICULTURAL				(5) AGRI- CULTURAL
	(1) Local Authority	(2) Dwelling- Houses (including Council Houses)	(3) All Other (including Business Premises)	(4) Total of Columns (1), (2) and (3)	
I. Number of properties in Local Authority's District (Notes 1 and 2)	236	26,005	4,610	30,851	44
II. Number of Properties inspected as a result of:					
(a) Notification	49	142	92	283	4
(b) Survey under the Act...	187	506	671	1364	40
(c) Otherwise (e.g., when visited primarily for some other purpose) ...	—	—	—	—	—
III. Total inspections carried out — including re-inspections	514	735	1016	2265	82
IV. Number of properties inspected (in Sec. II) which were found to be infested by:					
(a) Rats (Major)	—	—	—	—	—
(Minor)... ..	33	41	25	99	2
(b) Mice (Major)	—	—	—	—	—
(Minor)... ..	24	58	60	142	—
V. Number of infested properties (in Sec. IV) treated by the L.A. (figures should NOT exceed those given at Sec. IV)	56	73	72	201	2
VI. Total treatments carried out — including retreatments (to be completed only if figures are readily available)	57	72	79	208	—
VII. Number of notices served under Section 4 of the Act:					
(a) Treatment	—	—	—	—	—
(b) Structural Work (i.e., Proofing)	—	—	—	—	—
VIII. Number of cases in which default action was taken following the issue of a notice under Sec. 4 of the Act... ..	—	—	—	—	—
IX. Legal proceedings	—	—	—	—	—
X. Number of "Block" control schemes carried out	6	—	—	6	—

NOTE: The above Table has been compiled in the form requested by the Ministry of Agriculture, Fisheries and Food, and covers the twelve months ended 31st March, 1958.

Summary of Visits—During the year the total number of visits made by the Inspectors was classified as follows:—

Nuisances

COMPLAINTS—NUMBER INVESTIGATED:—

(1) Housing Defects	...	...	...	...	...	721
(2) Choked and Defective Drains	...	...	...	...	...	1683
(3) Emission of Smoke	...	...	...	...	...	64
(4) Accumulation of Offensive Matter	...	...	...	...	...	58
(5) Miscellaneous	...	...	...	...	...	432
TOTAL						2,958

INSPECTIONS:—

Dwelling Houses	...	...	...	...	...	734
Common Lodging Houses	...	...	...	...	...	28
Houses let in Lodgings	...	...	...	...	...	6
Common Yards, Back Roads and Passages	...	...	...	...	...	306
Horse-Manure Middensteads	...	...	...	...	...	57
Pigstyes	...	...	...	...	...	126
Offensive Trades	...	...	...	...	...	36
Rag Flock and Upholstery Premises	...	...	...	...	...	33
Places of Public Entertainment	...	...	...	...	...	40
Public Sanitary Conveniences	...	...	...	...	...	260
Tents, Vans and Sheds	...	...	...	...	...	58
Abattoir	...	...	...	...	...	794
Food Vehicles	...	...	...	...	...	294
Ashes Receptacles (Ashpits and Dustbins)	...	...	...	...	...	44
Conversions (Earth Closets and Bristol Ejects to W.C.'s)	...	...	...	...	...	310
Smoke Observations	...	...	...	...	...	145

Testing Drains:—

By Inspection	...	...	...	...	...	495
By Smoke	...	...	...	...	...	15
By Breaking Down	...	...	...	...	...	144
By Coloured Water	...	...	...	...	...	37
Insufficient Water Supply	...	...	...	...	...	9

Factories Acts, 1937/48:—

Factories with mechanical power	...	...	...	...	462
Factories without mechanical power	...	...	...	...	156
Outworkers' Premises	...	...	...	...	10
Workplaces	...	...	...	...	7
Shops Act, 1950	...	...	...	...	17
Fried Fish Shops	...	...	...	...	26
Fishmongers and Greengrocers	...	...	...	...	254
Butchers' Shops	...	...	...	...	420
Grocers' Shops	...	...	...	...	708
Bakehouses	...	...	...	...	167
Public Houses, Beer Houses, etc.	...	...	...	...	112
Food Preparing and Storing Places	...	...	...	...	1846
Dairies	...	...	...	...	763
Ice Cream Premises	...	...	...	...	399
Pet Animals Act, 1951	...	...	...	...	18
Infectious Disease Visits	...	...	...	...	187
Prevention of Damage by Pests Act, 1949	...	...	...	...	2635
Samples of Rag Flock, etc.	...	...	...	...	4
Diseases of Animals Acts and Orders	...	...	...	...	23
Clean Air Act—Samples of Gauge Deposits	...	...	...	...	26

Samples procured for Bacteriological Examination:—										
Milk	...	...	...	...	...	...	...	...	...	319
Ice Cream	...	...	...	...	...	...	...	...	...	55
Other Foodstuffs	.....	...	...	...	...	...	...	...	...	105
Water	...	...	...	...	...	...	...	...	...	39
Samples of Milk procured for Biological Examination	...	...	...	...	...	...	...	...	...	35
Samples obtained under the Food and Drugs Acts, 1955:—										
Milk	...	...	...	...	...	...	...	...	...	210
Other Foodstuffs	...	...	...	...	...	...	...	...	...	141
Samples of Water (chemical analysis)	...	...	...	...	...	...	...	...	...	6
Samples of Swimming Bath Water (chemical examination)	...	...	...	...	...	...	...	...	...	12
Samples of Swimming Bath water (bacteriological examination)	...	...	...	...	...	...	...	...	...	8
Samples of Sewage Effluent (bacteriological organisation)	...	...	...	...	...	...	...	...	...	4
Inspections of Dwelling Houses and other premises for vermin infestation	...	...	...	...	...	...	...	...	...	84
Visits to work in progress	...	...	...	...	...	...	...	...	...	1,902
Visits re Housing Survey	...	...	...	...	...	...	...	...	...	473
Miscellaneous Visits (Interviews, etc.)	...	...	...	...	...	...	...	...	...	2,261
TOTAL										17,865

Nuisances—The number of schedules of cases recorded for abatement was 2,958.

In all cases the usual verbal request for the abatement of nuisances found was made, but in 917 instances it was necessary to serve written notices as follows:—

Preliminary	...	...	...	...	...	...	...	...	...	846
Statutory	...	...	...	...	...	...	...	...	...	71
TOTAL										917

The number of preliminary and statutory notices complied with during the year was 786.

Legal proceedings were instituted under the Public Health Act, 1936, against the owners of two properties. After the summonses were issued but before the hearing of the cases by the Court, the work required to be undertaken was done and the Magistrates in both instances awarded costs to the Local Authority.

Rag Flock and other Filling Materials Act, 1951—The purpose of the Act is to secure the use of clean filling materials in upholstered articles which are stuffed or lined.

Thirteen premises were registered under the Act and five licences were granted for the storage of rag flock.

Four samples of rag flock and other filling materials were submitted for analysis during the year, and all were reported to be satisfactory.

SMOKE ABATEMENT

Certain provisions of the Clean Air Act, 1956, came into force at the beginning of the year, but the main sections dealing with the prohibition of dark smoke from chimneys, the emission of grit and dust from furnaces, and the abatement of smoke nuisances, did not come into operation during the year.

The improvement with regard to the emission of smoke from industrial chimneys referred to in previous Reports has continued.

One hundred and forty-five observations of factory chimneys were made during the year. No legal proceedings were instituted.

The Department of Scientific and Industrial Research have stated that approximately half of the nation's smoke comes from the chimneys of dwelling-houses. If this is true of the average industrial town, the percentage of domestic smoke in Southport must be well in excess of this figure.

During the year, publicity has been given to the advantages of the use of smokeless fuels in the home, and it is hoped that an increasing number of householders will be persuaded to use these fuels. Twenty-six samples of soot gauge deposits were submitted for examination.

HOUSING

General—The number of inhabited houses totalled 26,005.

The following table shows the number of houses built during the period 1948 to 1957, plus additional accommodation made available as a result of adaptations and additions to existing properties:—

Year	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Number of Houses built	156	126	102	67	113	235	155	186	253	305

Fitness for Habitation—The standard of fitness of houses in the Borough continued to be generally fairly satisfactory. Owing to the increased cost of materials and labour, it has been found that far more interviews with owners and revisits to properties than was formerly the case, have had to be made to see that notices were complied with and this has thrown greater work on to the Inspectors of the department.

There is no doubt that thorough maintenance of the lower-rented properties is not being carried out and owners are relying on frequent patching and the remedying of small items of disrepair.

Overcrowding—The number of complaints regarding alleged overcrowding received during the year was 27, of which 14 were subsequently confirmed. In all instances where overcrowding was found to occur the matter was referred to the Housing Department requesting that assistance be granted in these cases.

Demolition and Closing Orders—The task of dealing with the houses in the Borough which appear to be unfit for human habitation, and which were the subject of a return to the Ministry of Housing and Local Government under Section 1 of the Housing Repairs and Rents Act, 1954, continued.

This work has been dealt with through the Housing Maintenance Committee which was specially formed for this purpose, and 24 houses were represented to the Committee during the year under review.

By the end of the year the formal procedure prescribed by the Housing Acts had been commenced in respect of 8 of these houses.

Rent Act, 1957

This Act came into force on the 6th July, and its provisions regarding the increase of rents in connection with houses remaining in control had a quite considerable effect on the work of the Public Health Inspectors' Section of the Department.

By the beginning of September, application for Certificates of Disrepair were beginning to come in and, by the end of the year 119 such applications had been received.

In practice, the Act was found to be a very complicated piece of legislation prescribing, as it does, no less than 26 new forms which might have to be filled in and served by tenants, landlords and the Local Authority in connection with the increase of rents, and the obtaining and cancellation of Certificates of Disrepair.

It is, therefore, not surprising that this part of the Act has not been very popular with any of the parties concerned, or that a great deal of confusion has existed in the minds of many people as to its execution.

Faced with this multiplicity of form-filling many landlords decided, early in the proceedings, to give undertakings in the prescribed form to carry out the repairs which their tenants had indicated as necessary and, by the end of the year 47 such undertakings had been given.

One of the first difficulties experienced in administering this part of the Act was in connection with the length of time which elapsed between the application for a Certificate of Disrepair and the issuing of the Certificate.

This was mainly due to the lengthy procedure prescribed by the Act, but a reduction in this lapse of time was brought about by the obtaining of delegated powers enabling the Chairman and Vice-Chairman of the Health Committee to authorise the issue of these Certificates.

The Department has endeavoured to assist persons having difficulty with this part of the Act, and a great deal of information regarding its workings has been given to both landlords and tenants.

Part V

INSPECTION AND SUPERVISION

OF FOOD

Food Standards
Distribution of Milk
Food Inspection
Public Abattoir
Food Hygiene
Shellfish Industry
Ice Cream
Diseases of Animals

FOOD STANDARDS

Three hundred and fifty-one samples of food were taken and submitted to the Public Analyst for chemical analysis.

The results showed that 320 were genuine and 31 were adulterated or otherwise giving rise to irregularity; the latter being informal samples, except two.

All the samples certified as not genuine were followed up, and appropriate action was taken.

List of samples found to be adulterated or otherwise giving rise to irregularity:

Reference Number and if formal or informal sample	Nature of sample and report of analysis	Particulars
2727 Informal ...	MILK— Extraneous water: 0·8%	Same vendor. Further samples obtained.
2728 Informal ...	MILK— Extraneous water: 1%.	
2730 Informal ...	MILK— Extraneous water: 1%.	
2753 Informal ...	MILK— Extraneous water: 1%.	Futher sample taken.
2758 Informal ...	MILK— Deficient of fat: 8·3%.	Vendor notified.
2765 Informal ...	SWEETS (BUTTER CREAMS)— Butter fat content only 2·5%. Code of Practice requires not less that 4% butter fat.	Manufacturer communicated with.
2798 Informal ...	CREAM (CANNED)— Lumpy and discoloured.	Remainder of stock surrendered and destroyed.
2807 Informal ...	MILK— Deficient of fat: 13·3%.	Producer notified and information sent to the County Milk Produc- tion Officer. Other samples taken at the same time genuine.
2810 Informal ...	MILK— Deficient of fat: 1·6%.	
2818 Informal ...	CALCIUM GLUCONATE TABLETS— Consisted of 5 grain tablets in- stead of 10 grain tablets as formulated in the B.P.C. Stre- ngth of tablets not stated on the label.	Vendor interviewed.

Reference Number and if formal or informal sample	Nature of sample and report of analysis	Particulars
2838 Informal ...	MILK— Deficient of fat: 13·3%.	Milk Production Officer notified. Other samples taken at the same time genuine.
2851 Informal ...	LEMON CURD— Carton bore no name of the food or net weight of the contents.	Vendor interviewed re labelling.
2878 Informal ...	MILK— Deficient of fat: 5%.	Milk Production Officer notified. Other sample taken at the same time genuine.
2897 Informal ...	BEEF SAUSAGES— Contained 270 parts per million sulphite preservative (expressed as sulphur dioxide) without declaration.	Vendor interviewed. Correct notice now displayed.
2913 Informal ...	MILK— Freezing point indicated 2·5% extraneous water.	Vendor notified. Further sample genuine.
2930 Informal ...	MILK— Deficient of fat: 11·6%.	County Milk Production Officer informed. Other samples taken at same time genuine.
2934 Informal ...	MILK— Deficient of fat: 5%.	} Same vendor. Further samples to be taken. Referred to Milk Pro- duction Officer.
2935 Informal ...	MILK— Deficient of fat: 3·3%.	
2944 Informal ...	CHOPPED CHICKEN (CANNED)— Contained 80% chicken and 20% added water. Shoud be des- cribed as "Chopped Chicken in Chicken Stock" and not simply "Chopped Chicken".	Importer communicated with.

Reference Number and if formal or informal sample	Nature of sample and report of analysis	Particulars
2960 Informal ...	MILK— Deficient of fat: 16·6%. Free- zing point indicated 32% extra- neous water.	Same vendor. Formal samples to be taken. See report re numbers 2963 and 2964. Same vendor. Legal proceedings taken in respect of sample number 2963 under Section 2 of the Food and Drugs Act, 1955. A conviction was recorded and a fine of £5 and costs amounting to £3, were imposed on the vendor.
2961 Informal ...	MILK— Deficient of fat: 6·6%. Freezing point indicated 32% extraneous water.	
2963 Formal ...	MILK— Deficient 4·3% fat and 24·1% solids not fat; freezing point indicated 29·2% extraneous water.	
2964 Formal ...	MILK— Deficient 6·0% fat and 24·1% solids not fat; freezing point indicated 29·2% extraneous water.	
2980 Informal ...	SUET, SHREDDED— Deficient 4% fat.	Packer communicated with.
3004 Informal ...	JELLY, TABLE— Labelling offence.	Packer communicated with.
3007 Informal ...	MILK— Contained 1·6 parts per 100,000 of sediment consisting of dung and animal cells.	County Milk Production Officer informed.
3020 Informal ...	DAIRY MILK TOFFEE— Labelling offence.	Manufacturers communicated with.
3021 Informal ...	BABY FOOD, SOUP POWDER, CANNED Lining papers torn and contents contained mould filaments.	Remainder of stock surrendered and destroyed.
3037 Informal ...	MILK— Deficient 8·3% fat.	Milk Production Officer informed. Other samples taken at the same time genuine.
3053 Informal ...	FISH, CANNED, DRESSED CRAB— Contained at least 20 parts per million excess zinc.	Packers communicated with.
3056 Informal ...	BREAD, PART OF A SLICED LOAF— Contained fragments of blue- green coloured paper.	Baker interviewed.

Food and Drugs Acts—Records, 1938—1957

Year	Number of samples taken			ANALYTICAL RESULTS OF SAMPLES						Ratio (%) of samples adulterated	Number of Prosecutions
				Number genuine			Number adulterated*				
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1938	213	169	382	198	131	329	15	38	53	13·87	1
1939	203	158	361	183	131	314	20	27	47	13·01	2
1940	181	182	363	156	161	317	25	21	46	12·67	9
1941	161	212	373	146	197	343	15	15	30	8·04	11
1942	168	199	367	161	184	345	7	15	22	5·99	2
1943	172	191	363	157	156	313	15	35	50	13·77	9
1944	178	203	381	163	178	341	15	25	40	10·49	6
1945	75	305	380	68	275	343	7	30	37	9·73	1
1946	50	291	341	48	269	317	2	22	24	7·03	1
1947	50	280	330	48	262	310	2	18	20	6·06	—
1948	44	291	335	42	275	317	2	16	18	5·37	1
1949	48	334	382	35	312	347	13	22	35	9·16	10
1950	92	227	319	86	216	302	6	11	17	5·32	3
1951	131	237	368	123	221	344	8	16	24	6·52	—
1952	103	386	489	88	362	450	15	24	39	7·97	8
1953	26	377	403	21	358	379	5	19	24	5·95	—
1954	27	474	501	14	427	441	13	47	60	11·97	4
1955	12	323	335	2	286	288	10	37	47	14·02	—
1956	1	341	342	1	318	319	0	23	23	6·72	—
1957	2	349	351	0	320	320	2	29	31	8·57	1

*Certified by the Public Analyst as being adulterated or otherwise giving rise to irregularity. In addition to above, one sample of milk, submitted privately by a school, proved to be genuine.

Table showing particulars of the number of samples taken for Bacteriological Examination—Year 1957

Nature of Samples and Specimens	Number of Samples and Specimens procured for submission to bacteriologist for bacteriological examination				
	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total for the year
FOOD AND DRINK—					
Ice Cream	0	18	37	0	55
Milk	74	94	86	65	319
Other Foods	32	19	34	20	105
*Water	1	3	1	2	7
TOTALS	107	134	158	87	486
MISCELLANEOUS—					
†Water	0	2	26	0	28
GRAND TOTALS ...	107	136	184	87	514

*Intended for human consumption. All these samples were taken from the town's main supply, except two, procured in the second quarter of the year, which were obtained from shallow wells.

†Includes two samples taken from the swimming baths, seven of sea and sluice waters, eighteen from local streams, and one of water obtained after use in food preparation for marketing.

DISTRIBUTION OF MILK

There were 146 distributors of milk on the register of the Local Authority of whom 143 have their premises inside the Borough. The premises were inspected regularly. Samples were frequently submitted for bacteriological examination, of which 178 were Pasteurised, 14 Sterilised 95 Tuberculin Tested (Pasteurised), 10 Tuberculin Tested, 4 Tuberculin Tested Certified and 8 Undesignated. Of these samples, 2 Pasteurised samples, 2 Tuberculin Tested and 1 Tuberculin Tested Certified failed the Methylene Blue Test; 1 Tuberculin Tested (Pasteurised) failed the Phosphatase Test and the remainder proved to be satisfactory. In all instances where Pasteurised Milk failed the Phosphatase Test, the milk was examined by means of guinea pig inoculation for Tubercle Bacilli. In addition, 35 samples of raw milk were submitted for biological examination, in no instance was Tubercle Bacilli found.

In all instances where unsatisfactory samples were obtained, the premises were thoroughly examined and the equipment tested with a view to finding the source of the failure. In every case where unsatisfactory milk samples were obtained from producers outside the Borough, the information was submitted to the appropriate authority.

The number of samples taken for chemical analysis was 210, of which 19 were reported by the Public Analyst to be adulterated or otherwise giving rise to irregularity. Details of the 19 are given on pages 00 to 00. There is no doubt that many samples of milk giving rise to irregularity are due to the poor quality of milk supplied by the animals. In all instances where this is encountered, the Milk Production Officer of the Ministry of Agriculture, Fisheries and Food, is informed with a view to the quality of the milk being improved.

Sale of Milk under Designation

Classification of Licences issued						Number of Licences issued during the year	
						1956	1957
(1) Milk (Special Designation) (Raw Milk) Regulations, 1949							
<i>"Tuberculin Tested"</i>							
Dealers' Licences authorising the use of the special designation <i>"Tuberculin Tested"</i> in relation to milk sold from the holder's premises						33	34
Supplementary Licences authorising the use of the special designation <i>"Tuberculin Tested"</i> in relation to milk sold by retail from the holder's premises outside the Borough						2	2
(2) Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949							
<i>"Pasteurised"</i>							
Dealers' (Pasteurisers') Licences authorising the use of the special designation <i>"Pasteurised"</i> in relation to milk treated by the pasteurising process at the holder's premises						8	6
Dealers' Licences authorising the use of the special designation <i>"Pasteurised"</i> in relation to milk sold from the holder's premises ...						102	104
Supplementary Licences authorising the use of the special designation <i>"Pasteurised"</i> in relation to milk sold by retail from the holder's premises outside the Borough						3	3
<i>"T.T. Pasteurised"</i>							
Dealers' Licences authorising the use of the special designation <i>"Tuberculin Tested (Pasteurised)"</i> in relation to milk sold from the holder's premises						56	56
Supplementary Licences authorising the use of the special designation <i>"Tuberculin Tested (Pasteurised)"</i> in relation to milk sold by retail from the holder's premises outside the Borough						2	1
<i>"Sterilised"</i>							
Dealers' Licences authorising the use of the special designation <i>"Sterilised"</i> in relation to milk sold from the holder's premises ...						110	112
Supplementary Licences authorising the use of the special designation <i>"Sterilised"</i> in relation to milk sold by retail from the holder's premises outside the Borough						3	3
TOTALS						319	321

FOOD INSPECTION

Details of the food inspected and rejected as unfit for human consumption during 1957 are set out below:—

Carcases Inspected and Condemned

PARTICULARS	PUBLIC ABATTOIR					
	Cattle (exclg. Cows)	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number of animals killed	2,991	133	292	11,391	3,287	—
Number of carcasses inspected... ..	2,991	133	292	11,391	3,287	—
RESULTS						
All diseases except tuberculosis and cysticerci:—						
Number of whole carcasses condemned	—	—	—	3	8	—
Number of carcasses of which some part or organ was condemned	895	36	2	159	270	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	29·92	27·06	0·68	1·43	8·45	—
Tuberculosis only:—						
Number of whole carcasses condemned	3	—	—	—	3	—
Number of carcasses of which some part or organ was condemned	221	28	1	—	86	—
Percentage of the number inspected affected with tuberculosis	7·49	21·05	0·34	—	2·70	—
Cysticercosis:—						
Number of carcasses of which some part or organ was condemned	1	—	—	—	—	—
Number of carcasses submitted to treatment by refrigeration	1	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Summary of meat and other articles of food which were found to be diseased or unwholesome

										Cwts.	Qrs.	Lbs.
Beef	...	...	...	...	...	...	...	...	...	142	2	14
Veal	...	...	...	...	...	...	...	...	...	—	1	9
Mutton	...	...	...	...	...	...	...	...	...	5	3	0
Pork	...	...	...	...	...	...	...	...	...	35	3	26
Fish	...	...	...	...	...	...	...	...	...	6	2	7
Fruit and Vegetables	...	...	...	...	...	...	...	...	...	0	1	5
Tinned Goods												
Milk	...	...	...	...	...	...	...	...	...	6	—	3
Meat	...	...	...	...	...	...	...	...	...	30	—	6
Fish	...	...	...	...	...	...	...	...	...	7	1	15½
Vegetables	...	...	...	...	...	...	...	...	...	10	—	4
Fruit	...	...	...	...	...	...	...	...	...	19	1	26
Cereals	...	...	...	...	...	...	...	...	...	5	—	14
Jam	...	...	...	...	...	...	...	...	...	—	2	20½
Orange Pulp	...	...	...	...	...	...	...	...	...	31	0	12
Liquid Egg	...	...	...	...	...	...	...	...	...	0	1	0
Toffee	...	...	...	...	...	...	...	...	...	0	0	6
Ice Cream	...	...	...	...	...	...	...	...	...	0	2	1
Miscellaneous	...	...	...	...	...	...	...	...	...	4	2	8½
										306	3	9½

TOTAL ... 15 tons 6 cwts. 93½ lbs.

Whenever possible, meat was sent for salvage and converted into technical/industrial substances. The remaining diseased or unsound food was destroyed.

The whole of the food listed was voluntarily surrendered, and no legal action was necessary to safeguard public health.

PUBLIC ABATTOIR

The Abattoir is catering for the County Borough of Southport and for parts of the rural area adjoining. The total throughput during the year was 2,991 cattle (excluding cows), 133 cows, 292 calves, 11,391 sheep and lambs, and 3,287 pigs.

The Abattoir consists of one large slaughtering hall containing a two-way stunning pen which communicates with the dressing room. It is possible by means of the stunning pen to slaughter up to a maximum of 50 cattle per day, but this total has not been required since decontrol of livestock. By means of overhead runways, the carcasses can be cooled to a temperature of 45°F. in the cooling hall and this facility has been widely used. In addition, there are abundant facilities for the slaughtering of sheep and lambs and the pig slaughtering hall is quite adequate for the needs of the area served. Each slaughtering room is provided with hot water and steam sterilisation points.

All the existing lairs are being provided with constant water supply and hay racks in compliance with the Slaughter of Animals (Prevention of Cruelty) (No. 2) Regulations, 1954, and it is hoped that additional lairage facilities will be provided in the future.

During the year the local Authority passed a resolution under Section 75 of the Food and Drugs Act, 1955, determining that no fresh slaughterhouse licence shall be granted by them, on the grounds that they have provided a public slaughterhouse giving adequate facilities within their district.

After the Public Abattoir had been inspected by inspectors of the Ministry of Agriculture, Fisheries and Food, this resolution was approved by the Minister.

The area is well served by accommodation for the slaughtering of livestock and the facilities provided are of as high a standard as it is possible to provide in connection with old buildings.

FOOD HYGIENE

It is gratifying to be able to again report that conditions in this field of the Department's activities are maintaining a reasonably good standard of hygiene without the necessity of resorting to legal action, and to the fact that the representatives of the various trades are co-operating well in the endeavour to secure the best possible conditions in the catering industry; in point of fact many requests are made from proprietors of cafes and food premises for advice on reconstruction and suitable types of equipment to be installed.

The food hygiene lectures organised jointly by the Health Committee and the St. John Ambulance Association continue to prove their value in the effort to obtain improvements in the hygienic method of food handlers. Seasonal workers present a problem when arrangements for educational training are being made; regular staffs can be fitted in more easily. An important point in this connection is the fact that one local food preparing firm make it a condition of employment that the staff attend the elementary course of lectures in food hygiene. Since the inauguration of the food hygiene lectures seven years ago, 993 persons have attended, 688 persons have sat for the examination; 478 have been successful and have received the certificate signed jointly by the Medical Officer of Health, the Secretary and Director-General of the St. John Ambulance Association.

The Health Committee in conjunction with the St. John Ambulance Association, is the first body which has struck a badge for students who have obtained the elementary certificate of the Association, the badge indicates the unity of the arms of the two bodies in the promotion of higher standards in food hygiene and is decorated by the Southport Coat of Arms. The Advanced Course for Food Hygiene organised by the Education Authority and Health Department, consisting of 26 lectures, has been well attended. This course has stimulated a great deal of interest amongst the supervisory staff who have attended. It is hoped to assist such persons in performing their duties more efficiently.

The Southport Food Hygiene Association, a voluntary body composed of members who have attended the Food Hygiene Courses, has continued to grow and now has a membership of 93. The Association meets monthly for lectures and arranges visits to modern factories and food preparing premises throughout the adjoining area. There is no doubt that this Association is of real value to the town and again has assisted in promoting closer relations between those employed in the food trades and the Public Health Inspectors.

In the process of obtaining improvements in sterilisation and handling methods, frequent bacteriological examinations of specimens of food have been made.

(A) Summary of Food Hygiene Inspections

INSPECTIONS										Number
Hotels, Restaurants and Kitchens	...	...	...	...	...	...	...	...	...	1,846
Bakehouses	...	...	...	...	...	...	...	...	...	167
Butchers' Shops	...	...	...	...	...	...	...	...	...	420
Confectioners' and Grocers' Shops	...	...	...	...	...	...	...	...	...	708
Fried Fish Shops	...	...	...	...	...	...	...	...	...	26
Fishmongers', Greengrocers' and Poulterers'	...	...	...	...	...	...	...	...	...	254
Public Houses, etc.	...	...	...	...	...	...	...	...	...	112
Miscellaneous	...	...	...	...	...	...	...	...	...	294
TOTAL										3,827

(B) Summary of Improvements Effected

	Number
Major reconstructions of cafe, kitchens and bakehouses	3
Minor structural improvements, cleansing and repairs	57
Improved food storage facilities	11
Equipment renewed, repaired and cleansed	39
Improved washing-up facilities and procedure	26
Improved sanitary accommodation for staff including personal washing facilities	42
Improved sanitary accommodation for patrons	2
Improved refuse storage facilities	17
Vermin eliminated	19
TOTAL	216

THE SHELLFISH INDUSTRY

Five wholesale shellfish premises have been registered under the Food and Drugs Act, 1955.

By means of frequent bacteriological sampling of the shellfish, an improvement in the bacteriological standard has been obtained, but a considerable amount of work has still to be carried out before all the shellfish premises in the Borough can be regarded as satisfactory.

During the Summer, members of the Food Hygiene Advisory Council paid a visit to Southport in connection with the proposed amendment to Regulation 7 of the Food Hygiene Regulations, 1955 which, in its original form, would have prohibited the giving out of shrimps to persons for "picking" in their own homes.

This regulation, the operation of which had been postponed, has been viewed with apprehension by everyone concerned with the Shellfish Industry; many people believing that if it eventually comes into force in its original form it will result in the death of Southport's oldest industry.

By December, the Food Hygiene (Amendment) Regulations, 1957, had been made. These have the effect of permitting the giving out of shrimps for "picking" on domestic premises if the premises are registered with the Local Authority, and certain other requirements are complied with.

In sending these new regulations to Local Authorities, however, the two Ministers concerned have issued a warning that they intend to review the position in two years' time with the object of re-considering the possibility of ending "home-picking".

ICE CREAM

The number of premises used in connection with the manufacture, sale and storage of ice cream is set out below:—

PARTICULARS	Number
For the purpose of manufacture and sale	15
For the purpose of sale	170
TOTAL	185

The bacteriological quality of ice cream on sale in the Borough was found in some respects to be less satisfactory than in certain previous years.

Year	Percentage of Samples found to be unsatisfactory								
1949	52·20
1950	26·95
1951	19·78
1952	22·90
1953	29·50
1954	9·17
1955	8·82
1956	19·04
1957	29·09

In all instances where unsatisfactory samples are obtained from local manufacturers energetic steps are taken, including sampling of the product at various stages of production and investigation into the methods of cleansing and sterilisation. Where unsatisfactory samples are obtained from manufacturers outside the Borough, the appropriate authority is informed.

Fifty-five samples of ice cream were procured and submitted for bacteriological examination.

The Ministry of Health Provisional Grading of Ice Cream is divided into four grades as follows:—

GRADE I the ice cream, after incubation, does not decolourise Methylene Blue in 4 hours.

GRADE II the ice cream, after incubation, decolourises Methylene Blue in 2 hours to 4 hours.

GRADE III the ice cream, after incubation, decolourises Methylene Blue in $\frac{1}{2}$ hour to 2 hours.

GRADE IV the ice cream, after incubation, decolourises Methylene Blue immediately.

Grades I and II are regarded as satisfactory; Grades III and IV as unsatisfactory.

The following table shows the gradings of the samples examined:—

YEAR	RESULTS OF SAMPLES TAKEN						GRAND TOTAL
	NUMBER SATISFACTORY			NUMBER UNSATISFACTORY			
	Grade I	Grade II	Total	Grade III	Grade IV	Total	
1949 ...	10	11	21	9	14	23	44
1950 ...	42	42	84	12	19	31	115
1951 ...	70	39	109	17	26	43	152
1952 ...	67	71	138	26	15	41	179
1953 ...	65	21	86	22	14	36	122
1954 ...	83	16	99	9	1	10	109
1955 ...	49	13	62	5	1	6	68
1956 ...	22	12	34	8	0	8	42
1957 ...	30	9	39	10	6	16	55
TOTALS	438	234	672	118	96	214	886

Overall Results: Satisfactory, 75·84%; Unsatisfactory, 24·16%.

DISEASES OF ANIMALS

A new order was made during the year by the Minister of Agriculture, Fisheries and Food, which imposed additional responsibilities on Local Authorities.

Known as "The Diseases of Animals (Waste Foods) Order, 1957," this legislation prohibits the feeding of unboiled waste foods to certain animals or to poultry.

Collectors of waste foods must boil them for one hour in a plant licensed by the Local Authority. During the year, 19 inspections of such plants were carried out by the Public Health Inspectors and 19 Licences were granted.

Part VI

OTHER INFORMATION

Health Education

Blindness

Cerebral Palsy

Epilepsy

List of Centres and Clinics

Medical Examinations

Private Day Nursery

Nursing Homes

Nurses Agencies

Persons requiring Care and Attention

Riding Establishments

Special Surveys

Civil Defence Ambulance Service

Work done on behalf of the Children's Committee

HEALTH EDUCATION

1. General

Demonstrations have taken place in the Infant Welfare Centres and leaflets have been made available for the general public both from the Health Department and the Central Library.

Lectures have been arranged from time to time to various organisations such as the Young Wives Groups at Christ Church and St. Andrews Church, the Parent Teachers Association, Meols Cop School, the Civil Defence Ambulance Section, etc.

The subjects included the work of the Health Department, Vaccination and Immunisation, Mentally Handicapped Children, etc., and were illustrated by means of appropriate films.

2. Smoking and Lung Cancer

The action taken in this matter was to make available to the public through the normal channels for the distribution of health education literature, e.g. offices, clinics and public libraries, the Medical Research Council's Report on the subject. It was also agreed to make reference to the deleterious effect that smoking might have in relation to physical fitness as a whole, but not to lung cancer, in the letter which is sent annually by the Chairman of the Education Committee to all school leavers.

OTHER INFORMATION

Blindness, Cerebral Palsy and Epilepsy—I am indebted to Mr. J. Sinnott, the Senior Welfare Officer, for the following details:—

Blindness—There are 199 persons on the Blind Register and 46 others are classified as partially sighted. Many of these persons attend the Handicraft Classes and take part in other social activities at the Blind Social Centre, Gallie House, Hoghton Street, Southport.

Cerebral Palsy—No cases of this condition are provided for by the Welfare Services Committee.

Epilepsy—The following are the numbers of persons accommodated on account of epilepsy under arrangements made by the Welfare Committee:—

					Female	Male
David Lewis Colony, Alderly Edge	...	...	...	...	1	—
Maghull Homes, Maghull	...	...	...	...	2	4
Langho Colony, Manchester	...	...	...	...	2	1

Centres and Clinics—The following list shows the Centres and Clinics which were in operation during 1957:—

ADDRESS	DAY	TIME
CHILD WELFARE CENTRES:—		
1. Methodist Church, Ainsdale	Mondays	2 to 4 p.m.
2. North Road, Crossens	Wednesdays	2 to 4 p.m.
3. Methodist School, Liverpool Road ...	Tuesdays	2 to 4 p.m.
4. Poulton Road, High Park	Tuesdays	2 to 4 p.m.
do. do.	Wednesdays	2 to 4 p.m.
5. Hampton Road	Thursdays	2 to 4 p.m.
6. Methodist School, Derby Road	Fridays	2 to 4 p.m.
ANTE-NATAL CLINICS:—		
44 Hoghton Street	Thursdays	2 to 4 p.m.
POST-NATAL CLINICS:—		
44 Hoghton Street	Mondays	2.30 to 3.15 p.m.
TUBERCULOSIS CONTACT CLINIC:—		
Southport Infirmary	Mondays	2 to 5 p.m.

Medical Examinations—The following table shows the work done by the medical staff of the department during 1957 in regard to the medical examination of employees for the purpose of the Superannuation and Sickness Pay Schemes.

Department	NUMBER OF MEDICAL EXAMINATIONS			
	Super- annuation Scheme	Sickness Pay Scheme	Re- Examina- tions	Total
(a) CORPORATION DEPARTMENTS:—				
Borough Architect	4	—	—	4
Borough Engineer	10	45	13	68
Borough Treasurer	13	1	1	15
Children's... ..	—	1	—	1
Education	66	19	3	88
Estates and Baths	—	2	—	2
Fire Service	2	—	3	5
Flower Show	—	—	—	—
Health	9	15	—	24
Libraries	3	1	—	4
Lighting	—	—	—	—
Police	—	—	—	—
Publicity	1	15	—	16
Parks and Cemeteries	1	12	2	15
Town Clerk's	8	2	—	10
Transport... ..	5	14	7	26
Water Board	2	6	1	9
Weights and Measures	1	—	—	1
Welfare Services	2	2	—	4
(b) OTHER DEPARTMENTS:—				
Electricity... ..	3	—	—	3
District Nursing Association	4	—	—	4
TOTALS	134	135	30	299

Private Day Nursery—One private day nursery consisting of 3 ground-floor rooms of a private house continued with a maximum number of six children, the age range being 2 years to 5 years.

Nursing Homes—At the end of the year there were 17 nursing homes on the Council's register, the total number of beds provided being as follows:—

Maternity Cases	12 beds
Medical, Surgical and General Cases	238 beds
TOTAL... ..	250 beds

During the year the Supervisor of Nursing Homes made 49 visits of inspection and all her reports were satisfactory.

Nurses' Agencies—Any person who wishes to carry on an Agency for the supply of nurses must be licensed in accordance with the requirements of the Nurses Act of 1943, and the Nurses Agencies Regulations of 1945. No additional agencies were licensed during 1957, and inspection reports showed that the two existing establishments were being conducted in a satisfactory manner.

Persons in need of Care and Attention—No cases were dealt with during 1957, under the powers contained in Section 47 of the National Assistance Act, 1948.

Riding Establishment Act, 1939—The purpose of this Act is to prevent the ill treatment of horses used in riding establishments and Mr. H. R. Hewetson is the registered Veterinary Surgeon appointed by the Health Authority to carry out the necessary inspections.

During the twelve months period to the 30th September, 1957, Mr. Hewetson made thirty-four visits to nine riding establishments and carried out two hundred and fifteen inspections.

Mr. Hewetson's report stated that the general standard of care, stabling and use of the animals continued to be satisfactory.

Special Surveys—During the year, the Department provided information for the Medical Research Council's investigation on poliomyelitis.

CIVIL DEFENCE AMBULANCE and CASUALTY COLLECTING SECTION

The total number of personnel for the year ending 31st December, 1957, was 46. Of this number only 36 could be classified as being active and effective members. From time to time enrolled persons who have not attended for training are removed from the register. Recruitment of new members is slow and generally only replaces members who have left the district or have married and now have other commitments.

During the year, 41 sessions were held on Monday evenings at the Civil Defence Headquarters, Birch Street. The average attendance at these sessions was 16, which can be considered good having in mind that this average covers the whole of the year.

Training was continuous. The subjects, mainly revisionary, included talks and practical work in first aid; casualty collecting; map reading and nuclear warfare. Seven exercises were arranged and proved effective.

Informative and instructive talks were given by Dr. Young, Dr. Knowles and Mr. Martland on such subjects as "Health and History", "The Mentally Handicapped", "Vaccination and Immunisation", and "Teeth". Each of these talks was well attended and was both popular and informative.

The Section, as part of the Southport Civil Defence Corps, sent a team of six members to compete at the Regional Tourney at Belle Vue in September. It is gratifying to note that they obtained second place.

Work done on behalf of Children's Committee—During the year, 83 examinations were carried out on behalf of the Children's Committee, the details being as follows:

Examination of children who are boarded-out in foster homes	...	...	...	70
Examination of children admitted to Institutions	...	...	...	6
Admission to Children's Homes, Eversley House and 53 Scarisbrick New Road	...			1
Discharge from Children's Homes	ditto		...	3
Routine Medical Inspection of Children in Care	...	...	...	3

Dr. Davison, one of the lady Assistant Medical Officers, continued to be responsible for the medical care of all the children in the Home administered by the Children's Committee.

Part VII

SCHOOL HEALTH SERVICE

(The Forty-ninth Annual Report of the
Principal School Medical Officer)

EDUCATION COMMITTEE

The Mayor (Councillor MRS. M. O. BAMBER, J.P.)

Councillor G. B. WOOLFENDEN (*Chairman*)

Alderman MRS. E. SMITH (*Vice-Chairman*)

Alderman T. BALL, J.P.

Alderman W. BERWICK

Alderman P. CARTER

Alderman W. PAULDEN

Alderman W. TATTERSALL, J.P.

Alderman F. WORSWICK

Councillor J. CAMPION

Councillor MRS. S. GOLDBERG

Councillor G. W. KENDALL, J.P.

Councillor MRS. TURNER

Councillor MRS. WILLIAMSON

Councillor R. WOOD

MR. G. F. DIXON

MR. A. LOVERIDGE

MR. J. E. MARSHALL

THE REV. A. DIXON

THE REV. O. TUDOR HUGHES

THE VERY REV. MGR. J. PARK

Representatives on Joint Health and Education Sub-Committee

Councillor G. B. WOOLFENDEN

Alderman MRS. E. SMITH

Alderman F. WORSWICK

Councillor J. CAMPION

Councillor MRS. S. GOLDBERG

SCHOOL HEALTH SERVICE

In the Annual Report of the Medical Officer of Health of Southport for the year 1907, we are told that he had made a general inspection of the school buildings, offices and children attending school. We are given no details of his finding as, of course, individual children were only examined in special cases. There were no facilities for free medical treatment of children as we now know, so it is rather appalling to find that although one doctor in the town gratuitously examined the eyesight of the elementary school children, "there was difficulty because of the poverty of the parents in the children obtaining the glasses required". We also read, under the heading "Hearing", that several children had been found "with offensive discharge from the ears, so neglected that other children could not sit by them". Nowadays, with modern conditions and methods of treatment, it is very rare to find even a moderately severe case of otorrhoea.

The Medical Officer of Health included a report on the Memorandum he had received from the Board of Education on the future service and the recommended Routine Medical Inspection of school children. He detailed the amount of work involved and suggested to the committee that the appointment of a school nurse would be required to "get the children especially the girls, ready for the examination by the Medical Officer".

The Memorandum which is referred to contains the beginnings of the present School Health Service with its facilities for treatment and for the ascertainment of all handicapped children.

The average number of children on the Register of the Education Authority is listed below. The figures for the previous year are given for comparison.

								1956		1957
								<hr/>		<hr/>
Primary Schools	...	...	...	...	...	...	...	6,091	...	5,945
Senior Schools	...	...	...	...	...	...	...	3,532	...	3,591
								<hr/>		<hr/>
								9,623		9,536
								<hr/>		<hr/>

It is interesting to note that the total number on the school roll in 1907 was approximately 6,000.

Routine Medical Inspections—The method used in previous years was continued. It ensures that children are examined by the School Medical Officer at least three times during their school life, viz.:—

1. Every pupil admitted for the first time to a maintained school is inspected as soon as possible after admission.
2. Every pupil attending a maintained primary school is inspected during the last year of his attendance at that school.
3. Every pupil attending a maintained secondary school is inspected during the last full year of his attendance at that school.

In addition to the three statutory inspections, a start was made last year to include one further examination at the age of eight years. This was continued as far as possible this year.

All schools were visited during the year and 3,543 children were listed for inspection, out of which number 166 were absent.

The Nursery School at Crossens is visited each term, and toddlers admitted to nursery classes in ordinary schools are examined on admission and again at five years when they enter the infant school.

The number of children in each age group is given below with the number for 1956 for comparison.

PRIMARY SCHOOLS—

									1956		1957
Entrants	...	...	...	...	...	...	...	...	874	...	965
Eight-year old group	...	...	...	...	...	...	...	...	77	...	344
Leavers	...	...	...	...	...	...	...	...	1,048	...	1,080

SECONDARY MODERN, TECHNICAL AND GRAMMAR SCHOOLS—

Leavers	894	...	988
---------	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

In addition to these periodic examinations by the School Medical Officer, each child is inspected annually by the school nurse. This survey of the school children takes place just before the medical inspection. Each child is weighed and measured, eye sight tested and any other defect noted. Any child found to be suffering from any defect is later seen by the School Medical Officer. This year the number of children examined by the school nurses was 9,992 and of these 726 were brought forward for further examination.

As in previous years, the Mass Radiography Unit of the Regional Hospital Board visited all senior schools, maintained and independent, and offered X-Ray examination to all children and to the staffs of the schools. Most of the children were examined and all reports were satisfactory.

B.C.G. Vaccination—This is the third year in which B.C.G. Vaccination has been offered to thirteen year old school children in all the schools in the area. It is encouraging to report that the acceptance rate has again risen almost, but not quite, to the 1955 level.

				Acceptance Rate	No. of	No. Vaccinated
				%	children tested	
1955	...	...	...	73·7	695	427
1956	...	...	...	58·8	602	391
1957	...	...	...	71·5	756	500

A more detailed list is given in the statistical tables at the end of the report.

Case Finding by Jelly Testing—This is the second year in which new entrants to school have been offered skin tests to find if they have already been exposed to a tuberculous infection. 719 children were tested and 614 of these (85·4%) were negative reactors. Parents and relatives of the positive cases were referred for X-Ray examination.

Routine Medical Inspections—The usual pattern of inspection has been followed—parents being notified of the time and place of medical inspections and invited to attend. Welfare Centres and Church Halls have been used when conditions in school have been unsuitable and the arrangements have, on the whole, worked well. The number of parents attending at the Medical Inspections this year has increased in almost every age group.

The percentage attendance of parents at Examinations is given below with the figures of last year for comparison:—

PRIMARY SCHOOLS—

									1956		1957
									%		%
Entrants	...	...	...	...	...	...	...	...	82·95	...	90·88
Leavers	...	...	...	...	...	...	...	...	46·28	...	60·56
Eight-year olds	...	...	...	...	...	...	...	...	72·72	...	64·24

SECONDARY MODERN, TECHNICAL AND GRAMMAR SCHOOLS—

Leavers	7·05	...	11·04
---------	-----	-----	-----	-----	-----	-----	-----	-----	------	-----	-------

Findings at Routine Medical Inspections

Nutrition—Of the children examined only .7% were thought to be badly nourished.

School Meals—During the year, 981,779 meals were given to Southport school-children. About 6% of these meals were supplied free or on partial payment. On an average 57% of the school-children are having dinner in school. This is understood to be one of the highest percentages in the country.

Cleanliness, Clothing and Footwear—The School Nurse visits each school as early in the term as possible. Each child is examined for pediculosis, cleanliness of body, clothing and conditions of footwear. Only 10 children were excluded during the year because of uncleanness.

Immunisation—There has been a slight increase in the number of children who have been vaccinated against smallpox, but the figure, i.e., 34.70% is still very low. On the other hand, most of the children attending school have been immunised against diphtheria. 92.1% of school-children have been protected against this disease.

Defects found at Routine Medical Inspections. A detailed list of all defects is to be found at the end of this Report.

Below are the numbers of defects in each age group found to require treatment.

	Entrants	8 year old Group	Primary Leavers	Secondary Modern Technical and Grammar School Leavers	TOTALS
Number of Children examined ...	965	344	1,080	988	3,377
Number of Children requiring Treatment	113	45	160	109	427
Percentage requiring Treatment...	11.71	13.08	14.81	11.04	12.65

Handicapped Pupils

Physically Defective Children—Very good liaison still continues between this department and Hawkshead St. Hospital Special School. Twelve children were attending as day pupils at the end of the year. Some of these children are crippled by congenital defects, e.g. spasticity, and if such facilities were not available, would require residential care in special schools away from their homes. Most of the children are taken to and from the school by taxi. The school is a very happy one, and the staff do all in their power to make it so.

Two children have had lessons while they have been patients at the local hospital, where treatment has been necessary for a long time. Parents appreciate this tuition, as they realise that the children will not be so backward in lessons when they return to school.

Deaf and Partially-Deaf Children—Ten deaf children and three partially-deaf children are in residential schools. Because of the increase in the number of these special schools it is easier now than previously to give these children the very special education they require.

Educationally Sub-Normal Children—This group still presents difficulties. The Authority has no day special school, and there are some children for whom adequate arrangements cannot be made.

The "Opportunity" classes continue to do very good work, but these are not intended for severely sub-normal children, but for children who, after a period of special teaching, are able to return to their own age-groups and classes.

Four children are in Residential Schools for educationally sub-normal children. Places in such schools are difficult to find and this combined with the high cost makes some local provision desirable.

Maladjusted Children—There is as yet no Child Guidance Clinic in Souhport. Children requiring psychiatric investigation have to attend one of the Child Guidance Clinics in Liverpool. Naturally, this limits the amount of help the Psychiatrists are able to give because of the travelling time involved. There are still a small number of severely maladjusted children for whom residential accommodation in Special Schools must be recommended, and this accommodation is difficult to find.

There are three children attending Residential Special Schools.

Arrangements for Treatment—Most of the clinics are held at 2 Church Street. The weekly time-table for the clinics is as follows:—

DAY	TIME	CLINIC	
Monday	9.15 a.m. to 12.45 p.m. ... 9.30 a.m.	Dressings Clinic *Ear, Nose and Throat Clinic	2 Nurses { 1 Doctor 1 Nurse
	2 p.m. to 4 p.m. 1.15 p.m. to 4.45 p.m. ...	Doctors' Minor Ailment Clinic ... Dressings Clinic	{ 2 Doctors 3 Nurses
Tuesday	9.15 a.m. to 12.45 p.m. ... 9 a.m.	Dressings Clinic *Eye Clinic... ..	1 Nurse { 1 Doctor 1 Nurse
	1.15 p.m. to 4.45 p.m. ... 2 p.m.	Dressings Clinic *Eye Clinic... ..	1 Nurse { 1 Doctor 1 Nurse
Wednesday	9.15 a.m. to 12.45 p.m....	Dressings Clinic	2 Nurses
	1.15 p.m. to 4.45 p.m. ...	Dressings Clinic	1 Nurse
Thursday	9.15 a.m. to 12.45 p.m....	Dressings Clinic	2 Nurses
	2.30 p.m. to 4 p.m. ... 1.15 p.m. to 4.45 p.m. ...	Skin Clinic Dressings Clinic	{ 1 Doctor 4 Nurses
Friday	9.15 a.m. to 12.45 p.m....	Dressings Clinic	2 Nurses
	1.15 p.m. to 4.45 p.m. ... 2 p.m. to 3.30 p.m. ...	Dressings Clinic Immunisation	1 Nurse 1 Nurse
Saturday	9 a.m. to 12 noon ...	Dressings Clinic	2 Nurses

*By Appointment only.

Remedial Exercise Clinic Sessions at Hampton Road Welfare Centre are arranged by the Physiotherapist.

The Ainsdale Health Visitor/School Nurse continues to use part of the buildings at Woodvale as a centre and arranges with the local schools to see children there, instead of sending them on the long journey into town.

Nurses Treatment Clinic—The Clinic is open from 9.15 a.m.—4.45 p.m. Arrangements for treatment ensure that every effort is made to try to reduce waiting time and time lost from school.

The numbers attending continue to be high and the clinics are obviously useful.

Minor Ailments Clinic—This is a weekly clinic and the children and parents are seen by the School Medical Officers. Parents are advised about their children and if further investigation or treatment is required, cases are referred to hospital with the knowledge and consent of the general practitioner. The number of children seen at this clinic during the year was 709 and these children made 1,702 attendances. 68 were referred to the Southport Infirmary for further investigation.

Eye Clinic—Mr. Rankine attends on Tuesday morning and afternoon. During the year he has held 69 clinics. 246 new cases were examined and 625 were seen for supervision and revision of spectacles. 19 cases, mainly squint, were referred for further treatment at the Southport Infirmary.

Skin Clinic—Dr. Bardsley attends once weekly. During the year, 913 attendances were made. A wide variety of skin diseases, usually in the early stages, are treated at the clinic.

Ear, Nose and Throat Clinic—Mr. Tracy Forster continues to hold a clinic each week for school children. Cases are referred to him from the Minor Ailment Clinic, Routine Medical Inspection, and also from General Practitioners.

Ear cases especially are seen in the very early stages and the effectiveness of modern therapy and the follow-up system for these children is reflected in the small number of cases of gross otorrhoea in the present school population.

In most cases nursing treatment is given by the school nurses, but if an operation is required, children are admitted to the Ear, Nose and Throat Ward at the Promenade Hospital.

In 1957, 228 new cases were examined and 113 attended for observation of progress from previous years. 139 cases were admitted to Hospital for the removal of tonsils and/or adenoids.

Cases suspected to have any loss of hearing are referred to Mr Furness at the Liverpool School for the Partially Deaf, Birkdale, or to Professor Ewing in Manchester, for audiometric examination.

Artificial Sunlight—Children were referred from the Chest and Paediatric Clinic of the Southport Infirmary, the School Minor Ailments Clinic and from Routine Medical Inspections.

General Medical Practitioners also occasionally refer children to the Department for artificial sunlight

109 school children were treated; these children made a total of 2,351 attendances.

Tuberculosis—There is a good liaison between the School Health Service and the Hospital Service, so that there is an adequate exchange of information regarding contacts of this disease.

There were no new cases notified in 1957.

Speech Therapy—Treatment for defective speech is given at the North West School of Speech and Drama by arrangement with the Local Authority and 112 sessions were held during the year.

66 children attended classes; the reasons for the defects in speech were:—

Cleft Palate	...	...	...	...	...	...	...	...	2
Dyslalia	...	...	...	...	...	...	...	...	1
Stammering	...	...	...	...	...	...	...	...	25
Slow and Abnormal Speech Development	...	...	...	...	...	...	...	...	35
Lisp	...	...	...	...	...	...	...	...	3

Total attendances at the school were 1,096.

This service is greatly appreciated by the parents, as a speech defect is an obvious one and a great handicap in later life.

Orthopaedic Cases—The physiotherapist continues to deal with the treatment of minor orthopaedic defects. Cases were also referred to the Promenade Hospital for opinion and advice.

Child Guidance—Children requiring treatment are usually referred to the Notre Dame Child Guidance Clinic or the Psychiatric Clinic at Alder Hey Hospital. These children are brought to the notice of the School Medical Officers, either by the school teachers or parents at the Minor Ailments Clinic, or at Routine Medical Inspection. Some cases are also referred by the Probation Officer and by the Children's Officer. The number of cases referred in 1957 was 10.

Infectious Diseases—There were again no cases of diphtheria. Notifications were as follows, with figures for 1956 for comparison:—

	1956	1957
Measles	378	214
Rubella	30	66
Scarlet Fever	9	26
Chicken Pox	338	413
Diphtheria	—	—
Whooping Cough	72	33
Tuberculosis	7	—

Miscellaneous School Medical Work

	1957
Examination for fitness to take part in public entertainment	10
National Survey Examinations	5
Examinations of children going away with the school	—
Examinations by nurses prior to admission to school	862

Home Visits by School Nurses

Follow-up of Routine Medical Inspections... ..	34
On Account of Illness	124
To Infectious Cases	13
To Infectious Contacts	17
About Immunisation of Children	68

Health Education in School

Regular mothercraft classes are held at all the Secondary Modern Schools at which girls attend, viz., Meols Cop, Our Lady of Lourdes, Stanley Modern and Birkdale.

The syllabus is a comprehensive one and includes hygiene, diet and nutrition of children, clothing and footwear, simple first-aid and home nursing, as well as practical classes in cot-making, baby bathing, dressing and feeding. The classes are very popular with the girls, and it is hoped that some of the knowledge gained will be useful to them in later life.

A number of the girls were successful in passing a national examination in Mothercraft.

PRINCIPAL DENTAL OFFICER'S REPORT, 1957

The authorised professional establishment of one Principal School Dental Officer and two School Dental Officers has been maintained throughout the year.

All the schools have been visited during the year for dental inspection, and in addition, three of the schools have been re-visited. The period between inspection and re-inspection, and treatment and re-treatment of all the schools is approximately 47 weeks.

This year, for the first time, all attending the Occupational Centre have had a dental examination, and those attending the Clinic have received full treatment. Hitherto, only emergency cases and selected patients referred after medical inspection were treated.

As in previous years, the children attending the Day Nurseries of Bedford Park and Talbot Street have received a dental examination and full treatment given to all giving consent.

From December, Mr. Pogrel the Consultant Orthodontist extended his orthodontic sessions to once weekly. It would be well to recall that Mr. Pogrel joined the Department in May, 1955, giving one session each month. In December of the same year, the number of sessions was extended to two each month. During 1957, 14 cases were completed and 24 new cases were accepted and treatment commenced. In addition, 39 orthodontic cases of moderate complexity have been successfully completed by the Dental Officers of the Department and 45 new cases accepted.

The ratio of teeth saved compared with the extraction of unsaveable teeth has fallen slightly since 1955, and may well reflect locally the recognised national rise in the incidence of dental caries.

Ratio of Teeth Saved compared with Teeth Extracted

Year	Temp. teeth Filled	Temp. teeth Extracted (Unsaveable)	Ratio	Perm. teeth Filled	Perm. teeth Extracted (Unsaveable)	Ratio
1954 ...	2,988	2,208	1·3	3,619	299	12·0
1955 ...	3,231	1,502	2·1	3,659	142	25·7
1956 ...	2,485	1,379	1·8	3,765	173	21·7
1957 ...	2,027	1,372	1·4	4,138	202	20·4

With the aid of models and charts the Dental Officers and their attendants give instruction in dental hygiene and stress the importance of tooth cleansing foods; also much literature on these matters is distributed.

It will be a future policy of the Department to intensify by demonstration, lecture and film, the true meaning of dental health and the predisposing causes of its deterioration.

A sound knowledge of such things may well moderate judgement and selection of all that is offered by the tempting display, on the ever increasing counter-space, of multi-coloured sweets and pastries.

During the year, many very young children, whose parents are unable to accompany them to the clinic for dental treatment, have been escorted from school by the kindly services of Miss Elce, who is a member of the W.V.S., and the Department is most grateful to Mrs. Halsall, County Borough Organiser, W.V.S., who has made this procedure possible.

STATISTICAL TABLES

TABLE I

MEDICAL INSPECTIONS OF CHILDREN ATTENDING PRIMARY,
SECONDARY AND GRAMMAR SCHOOLS
Year ended 31st December, 1957
A.—*Routine Medical Inspections*

Number of Inspections in the prescribed Groups:—

Entrants	...	...	...	...	...	...	...	...	965
Primary Leavers	...	...	...	...	...	...	...	...	1,080
Secondary Modern, Technical and Grammar Leavers	...	...	...	...	...	...	...	...	988
8 year olds	...	...	...	...	...	...	...	...	344
TOTAL									3,377

B.—*Other Inspections*

Number of Special Inspections	...	...	...	...	...	...	...	...	1,090
Number of Re-Inspections	...	...	...	...	...	...	...	...	1,415
TOTAL									2,505

C.—*Children found to Require Treatment*

Number of Individual Children found at Routine Medical Inspection to require treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases):—

	For defective Vision (excluding squint)	For all other conditions recorded in Table IIa	Total
Prescribed Groups:—			
Entrants	1	112	113
Primary Leavers	19	150	169
Secondary and Grammar Leavers	21	97	118
Total (Prescribed Groups)	41	359	400
Other Routine Inspections—8 year olds	5	40	45
TOTALS	46	399	445

TABLE II

A.—*Return of Defects found by Medical Inspection in the year ended 31st December, 1957:*

DEFECT OR DISEASE	Routine Inspections		Special Inspections	
	Number of Defects		Number of Defects	
	Requiring Treatment	Requiring to be kept under observation but not requiring treatment	Requiring Treatment	Requiring to be kept under observation but not requiring treatment
(1)	(2)	(3)	(4)	(5)
SKIN:—				
Ringworm: Scalp	—	—	—	—
do. Body	—	—	—	—
Scabies	—	—	1	—
Impetigo	—	—	5	—
Other Diseases (non-T.B.)	73	8	135	4

(continued overleaf)

DEFECT OR DISEASE	Routine Inspections		Special Inspections	
	Number of Defects		Number of Defects	
	Requiring Treatment	Requiring to be kept under observation but not requiring treatment	Requiring Treatment	Requiring to be kept under observation but not requiring treatment
(1)	(2)	(3)	(4)	(5)
Eye:—				
Blepharitis	16	—	11	—
Conjunctivitis... ..	—	—	5	—
Keratitis	—	—	—	—
Corneal Opacities	—	—	—	1
Other Conditions (excluding Defective Vision and Squint)... ..	4	1	24	3
Defective Vision (excluding Squint)	46	10	15	7
Squint	6	4	3	2
EAR:—				
Defective Hearing	4	11	2	2
Otitis Media	12	7	12	—
Other Ear Diseases	13	5	27	6
NOSE AND THROAT:—				
Chronic Tonsillitis only	20	32	4	36
Adenoids only	2	—	1	2
Chronic Tonsillitis and Adenoids...	21	7	5	8
Other Conditions	24	6	73	12
Enlarged Cervical Glands (Non-T.B.)	—	10	1	2
Defective Speech	16	13	13	7
HEART AND CIRCULATION:—				
HEART DISEASE:—				
Organic	8	12	—	4
Functional	1	3	—	—
Anaemia	—	—	2	2
LUNGS:—				
Bronchitis	1	1	1	1
Other Non-Tuberculous Diseases	11	10	18	7
TUBERCULOSIS:—				
Pulmonary:—Definite	1	—	—	—
Suspected	—	—	1	1
Non-Pulmonary:—Glands	—	—	—	—
Bones and Joints	—	—	—	—
Skin	—	—	—	—
Other Forms...	—	—	1	—
NERVOUS SYSTEM:—				
Epilepsy	1	2	2	1
Chorea	—	—	—	—
Other Conditions	17	3	19	7
ORTHOPAEDIC:—				
Posture	42	58	22	30
Flat Foot	57	62	22	46
Other Forms	16	19	136	29
ABDOMEN	9	1	32	6
DEVELOPMENT:—				
Hernia	2	1	—	1
Other	5	16	2	4
PSYCHOLOGICAL:—				
Development	10	4	21	12
Stability	1	1	12	1
Other Diseases and Defects (excluding Uncleanliness and Dental Diseases)	37	14	142	42
TOTALS	476	321	770	286

B.—Classification of the General Condition of Pupils Inspected during the year in the Routine Age Groups:

AGE GROUPS	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	%	No.	%
Entrants... ..	965	961	99·59	4	·41
Primary Leavers	1,080	1,074	99·44	6	·56
Secondary Modern Technical and Grammar Leavers	988	977	98·88	11	1·12
8 year old Group	344	341	99·13	3	·87
TOTALS	3,377	3,353	99·29	24	·71

TABLE III
INFESTATION WITH VERMIN

(i)	Total Number of Examinations in the schools by the School Nurses	...	11,199
(ii)	Total Number of Individual Pupils Examined	... ..	7,470
(iii)	Total Number of Individual Pupils found to be infested	... ..	46
(iv)	Number of Individual Pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	... ..	—
(v)	Number of Individual Pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	... ..	—
(vi)	Number of Cases in which legal proceedings were taken under the Education Act, 1944	... ..	—

TABLE IV—CLEANLINESS INSPECTIONS
CONDITION OF CHILDREN IN DECEMBER, 1957

SCHOOL	DEPT.	BOYS			GIRLS		
		Clean %	Nits %	Vermin %	Clean %	Nits %	Vermin %
1	Mixed	100·	—	—	100·	—	—
2	Infants	100·	—	—	100·	—	—
3	Mixed	100·	—	—	100·	—	—
4	„	100·	—	—	100·	—	—
5	„	100·	—	—	99·56	·44	—
6	„	98·32	1·68	—	97·09	2·91	—
7	Infants	100·	—	—	98·65	1·35	—
8	Boys	99·61	·39	—	—	—	—
9	Mixed	100·	—	—	100·	—	—
10	Infants	100·	—	—	100·	—	—
11	Mixed	100·	—	—	100·	—	—
12	„	100·	—	—	100·	—	—
13	„	100·	—	—	100·	—	—
14	Infants	100·	—	—	100·	—	—
15	Mixed	99·70	·30	—	99·01	·99	—
16	Infants	99·40	·60	—	98·70	1·30	—
17	Mixed	100·	—	—	98·81	1·19	—
18	„	100·	—	—	98·08	1·92	—
19	Infants	100·	—	—	98·93	1·07	—
20	Boys	100·	—	—	—	—	—
21	Girls	—	—	—	100·	—	—
22	Mixed	99·45	·55	—	100·	—	—
23	Infants	100·	—	—	100·	—	—
24	Mixed	98·11	1·89	—	92·81	5·04	2·15
25	„	100·	—	—	100·	—	—
26	„	98·77	1·23	—	94·81	5·19	—
27	„	100·	—	—	100·	—	—
28	„	100·	—	—	100·	—	—
29	„	97·94	2·06	—	96·83	3·17	—
30	„	100·	—	—	98·71	1·29	—

Summary of Cleanliness Examinations—December, 1957:

	Boys		Girls		TOTAL	
	No.	%	No.	%	No.	%
Nits	12	·30	31	·87	43	·57
Verminous	—	—	3	·09	3	·03
Clean	3,949	99·70	3,521	99·04	7,470	99·40

TABLE V

SUMMARY OF IMMUNISATION RETURNS—1957

SCHOOL	Dept.	No. on Roll	No. Immunised	No. Un- Immunised	% Immunised
All Saints C.E.	Mixed	144	135	9	93·8
” ” ” ” ” ” ” ”	Infants	91	82	9	90·1
Ainsdale C.E.	Mixed	255	232	23	91·0
Ainsdale R.C.	”	97	96	1	99·0
Birkdale Mod. Sec.	”	397	377	20	95·0
Birkdale Council	”	241	220	21	91·3
” ” ” ” ” ” ” ”	Infants	175	143	32	81·7
Christ Church Mod. Sec....	Boys	244	233	11	95·5
Churchtown Council... ..	Mixed	601	556	45	92·5
” ” ” ” ” ” ” ”	Infants	185	175	10	94·6
Crossens C.E.	Mixed	327	286	41	87·5
” Nursery	”	37	35	2	94·6
Dean Cooke R.C.	”	151	133	18	88·1
Emmanuel C.E.... ..	Infants	185	164	21	88·6
Farnborough Road Council ...	Mixed	657	611	46	93·0
” ” ” ” ” ” ” ”	Infants	402	361	41	89·8
Holy Trinity C.E.	Mixed	346	301	45	87·0
Linaker Street Council	”	369	334	35	90·5
” ” ” ” ” ” ” ”	Infants	222	193	29	86·9
Meols Cop Mod. Sec.	Boys	403	368	35	91·3
” ” ” ” ” ” ” ”	Girls	447	410	37	91·7
Norwood Road Council	Mixed	336	309	27	92·0
” ” ” ” ” ” ” ”	Infants	176	165	11	93·8
Our Lady of Lourdes Sec. Mod.	Mixed	293	277	16	94·5
” ” ” ” ” ” ” ”	”	202	186	16	92·1
St. Maries R.C.... ..	”	172	154	18	89·5
St. Philips C.E.	”	255	236	19	92·5
S.S. Simon and Jude’s C.E. ...	”	159	143	16	89·9
St. Teresa’s R.C.	”	199	188	11	94·5
Stanley Mod. Sec.	”	426	396	30	93·0
High School for Girls	Girls	538	514	24	95·5
King George V	Boys	619	588	31	95·0
Technical College	Mixed	210	202	8	96·2
TOTALS		9561	8803	758	92·1

TABLE VI

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING SPECIAL SCHOOLS)

NOTES:—

- (a) Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority’s own staff, however brought to the Authority’s notice, i.e., whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.
- (b) Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

Group I—Diseases of the skin (excluding uncleanness, for which see Table III)

								Number of cases treated or under treatment during the year	
								By the Authority	Otherwise
Ringworm—	(i) Scalp	...	...	...	...	...	...	—	—
	(ii) Body	...	...	...	...	...	...	—	—
Scabies	...	...	...	...	...	...	...	10	—
Impetigo	...	...	...	...	...	...	...	17	—
Other Skin Disease	...	...	...	...	...	...	...	378	—
								405	—

Group 2—Eye Diseases, Defective Vision and Squint

								Number of Cases dealt with	
								By the Authority	Otherwise
External and other, excluding Errors of Refraction and Squint								198	—
Errors of Refraction (including Squint)								*734	—
TOTAL								932	—
Number of Pupils for whom Spectacles were:—									
(a) Prescribed								*205	—

*Including cases dealt with under arrangements with the Supplementary Ophthalmic Services

Group 3—Diseases and Defects of Ear, Nose and Throat

								Number of Cases treated	
								By the Authority	Otherwise
Received Operative Treatment:—									
(a) For Diseases of the Ear								4	—
(b) For Adenoids and Chronic Tonsillitis								139	—
(c) For other Nose and Throat Conditions								46	—
Received other forms of Treatment								226	—
TOTAL								415	—

TABLE VI (continued)

Group 4—Orthopaedic and Postural Defects

(a) Number treated as in-patients in hospitals	...	...	...	...	...	Nil
					By the Authority	Otherwise
(b) Number treated otherwise, e.g., in clinics or out-patient departments	...	...	...	...	...	227
						14

Group 5—Child Guidance Treatment

	Number of Cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of Pupils treated at Child Guidance Clinics	—	10

Group 6—Speech Therapy

	Number of Cases treated	
	By the Authority	Otherwise
Number of Pupils treated by Speech Therapists	—	66

Group 7—Other Treatment given

					Number of Cases treated	
					By the Authority	Otherwise
Miscellaneous Minor Ailments	...	...	...	...	709	—

TABLE VII
HANDICAPPED PUPILS

CATEGORY	NUMBER ASCERTAINED			TYPE OF EDUCATION PROVIDED			Requiring Special School Accommodation but unplaced at end of year		Refusal by Parent		Total
	Up to 31st Dec., 1956	During year 1957	Total on register at end of 1957	Ord. School (re-quiring observa-tion)	Special Schools		Day Sp. School or Day Class	Res. Sp. School	Res.	Day	
					Day (Class)	Resi-dential					
Blind	1	1	2	—	—	2	—	—	—	—	2
Partially Sighted	1	—	1	—	—	—	—	1	—	—	1
Deaf	10	—	10	—	—	10	—	—	—	—	10
Partially Deaf ...	7	1	8	4	—	3	—	1	—	—	8
Delicate	26	1	27	6	1	—	20	—	—	—	27
Diabetic	2	—	2	1	—	1	—	—	—	—	2
Educationally Sub-Normal ...	54	12	66	5	23	4	26	3	1	4	66
Epileptic	8	5	13	10	1	2	—	—	—	—	13
Mal-Adjusted ...	9	5	14	7	—	3	—	4	—	—	14
Physically Handicapped	66	15	81	61	11	3	6	—	—	—	81
Defective Speech	40	26	66	66	—	—	—	—	—	—	66
TOTALS	224	66	290	160	36	28	52	9	1	4	290

TABLE VIII

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING THE YEAR ENDED 31ST DECEMBER, 1957, BY THE LOCAL EDUCATION AUTHORITY TO THE LOCAL MENTAL DEFICIENCY AUTHORITY, UNDER SECTION 57, SUB-SECTIONS (3) AND (5) OF THE EDUCATION ACT, 1944

Total number of Children notified:—

Section 57, Sub-Section (3)	2
Section 57, Sub-Section (5)	2

Section 57 of the Education Act, 1944, is as follows:—

SUB-SECTION (3).—If, after considering the advice given with respect to any child by a medical officer in consequence of any such medical examination as aforesaid and any reports or information which the local education authority are able to obtain from teachers or other persons with respect to the ability and aptitude of the child, the authority decide that the child is suffering from a disability of mind of such a nature or to such an extent as to make him incapable of receiving education at school, it shall be the duty of the authority to issue to the local authority for the purposes of the Mental Deficiency Act, 1913, a report that the child has been found incapable of receiving education at school. Provided that, before issuing such a report with respect to any child, the local education authority shall give to the parent of the child not less than 14 days' notice in writing of their intention to do so, and if within that period the parent refers to the Minister the question whether such a report should be issued, the report shall not be issued except by direction of the Minister.

SUB-SECTION (5).—If the local education authority are satisfied that any child in attendance at a school maintained by them or at any special school not so maintained is suffering from a disability of mind of such a nature or to such an extent that he will, in their opinion, require supervision after leaving school, the authority shall before the child ceases to be of compulsory school age issue to the local authority for the purpose of the Mental Deficiency Act, 1913, and to the parent of the child, a report that by reason of a disability of mind the child may require supervision after leaving school.

TABLE IX

PRIMARY SCHOOLS, SECONDARY MODERN, TECHNICAL AND GRAMMAR SCHOOLS
 AVERAGE HEIGHTS AND WEIGHTS (Age last birthday)

Heights and Weights—Tables are also given which show the heights and weights of children in 1957 compared with those in 1938.

Age last Birthday	1938		1957	
	Height ft. ins.	Weight st. lbs.	Height ft. ins.	Weight st. lbs.
Age 5 years				
Boys	3 6	3 0	3 7	3 2
Girls	3 6	2 13	3 7	3 1
Age 8 years				
Boys	4 1	4 0	4 2	4 4
Girls	4 1	3 13	4 2	4 3
Age 10 years				
Boys	4 5	4 10	4 7	5 8
Girls	4 7	5 0	4 7	5 8
Age 14 years				
Boys	5 2	7 6	5 3	7 10
Girls	5 4	7 12	5 2	7 12
Age 15 years				
Boys	5 6	8 7	5 6	8 11
Girls	5 3	8 2	5 4	8 8

TABLE X

B.C.G. VACCINATION OF SCHOOLCHILDREN

	L.E.A.'s Schools	Private Schools	Totals
1. No. of consent forms issued to parents	886	243	1,129
2. (a) No. of parental consents received	616	191	807 (71·48%)
(b) No. of definite refusals	97	14	111 (9·83%)
(c) No. of parents who did not reply	173	38	211 (18·69%)
TOTALS (to agree with No. 1)	886	243	1,129 (100 %)
3. No. of children tested and found to be:—			
(a) Positive reactors	175	52	227 (30·03%)
(b) Negative reactors	373	128	501 (66·27%)
(c) No. not read... ..	27	1	28 (3·70%)
Total No. of children tested	575	181	756 (100 %)
4. No. of negative reactors vaccinated	372	128	500

TABLE XI

TUBERCULIN JELLY TESTING OF SCHOOL ENTRANTS

1.	Number of eligible children	...	...	...	...	...	...	1058
2.	(a) Number absent at time of testing	...	...	...	...	...	179	
	(b) Number for whom consents were not given	...	...	...	...	...	160	
	(c) Number of children tested	...	...	...	...	...	719	
							<hr/>	1058
3.	Number of children tested 2(c) above who were found to be:—							
	(a) (i) positive	...	...	...	...	...	17	2·36%
	(ii) positive from previous B.C.G. Vaccination	...	...	...	...	...	6	·83%
	(b) negative	...	...	...	...	...	614	85·40%
	(c) absent for reading	...	...	...	...	...	82	11·41%
							<hr/>	
	TOTAL	...	...	...	...	...	719	
							<hr/>	

SCHOOL DENTAL SERVICE

Report for the Year 1957

1.	Number of children listed for inspection	9536
2.	Total Number of Schools	33
3.	Half-days devoted to (a) Inspection	88
	(b) Treatment	1260
	TOTALS (3)	1348
4.	Number of Children examined at (a) Schools	...	...	...	(591 re-insp.)	9254
	(b) Special Inspections at Clinic	...	...	...	...	1345
	TOTALS (4)	...	...	„	„	10599
5.	Number of Children found to require treatment at (a) Schools	...	...	...	...	5232
	(b) Special Inspections at Clinic	...	...	...	...	1157
	TOTALS (5)	...	...	...	...	6389
6.	Number of Children actually treated	...	...	...	...	2987
7.	Number of attendances made at Clinic by Children mentioned in (6) above:—						
	NEW (a) Routine	...	...	...	...	1906
	(b) Special	...	...	...	...	1081
	RE-VISITS (a) Routine	...	...	...	...	2171
	(b) Special	...	...	...	...	2598
	Number of Children examined and treatment deferred	...	...	...	...	883
	Total visits made by Children to Clinic during the year	...	...	...	...	8639
	Kinds of treatment provided for Children mentioned in (6) above:—						
8.	Number of teeth filled:—(a) Permanent Teeth	...	...	...	...	4138
	(b) Temporary Teeth	...	...	...	...	2027
	TOTALS (8)	...	...	...	...	6165
9.	Number of fillings:—(a) Permanent Teeth	...	...	...	...	4775
	(b) Temporary Teeth	...	...	...	...	2202
	TOTALS (9)	...	...	...	...	6977
10.	Extractions:—(a) Ordinary:—						
	(1) Permanent Teeth	...	...	...	...	202
	(2) Temporary Teeth	...	...	...	...	1372
	(b) For regulation purposes:—						
	(1) Permanent Teeth	...	...	...	...	241
	(2) Temporary Teeth	...	...	...	...	766
	TOTALS (10)	...	...	...	...	2581
11.	Miscellaneous:—(a) Dressings	...	...	...	...	391
	(b) Scalings	301	
	(c) Root Treatments	7	
	(d) Oral Affections	116	
	(e) Miscellaneous	595	
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